

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2002 8:00 am
Secretary of State

02-24-2002 90037 030 ***150.00

DOCUMENT # K96479

1. Entity Name

EQUIVEST ASSOCIATES, INC.

Principal Place of Business

**2120 SW 55 STREET ROAD
OCALA FL 34474
US**

Mailing Address

**2120 SW 55 STREET ROAD
OCALA FL 34474
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0138365

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CHAMBLESS, CHARLOTTE
810 SW 80 STREET
OCALA FL 34476**

7. Name and Address of New Registered Agent

Name

H. Randolph Klein

Street Address (P.O. Box Number is Not Acceptable)

333 NW 3 Avenue

City

Ocala

FL

Zip Code

34470

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

H. Randolph Klein

DATE

2-6-02

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so. ☐
(See criteria on back)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State**

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **DPST** ☐ Delete
NAME **SARANDES, ANTHONY**
STREET ADDRESS **2120 SW 55 STREET ROAD**
CITY-ST-ZIP **OCALA FL 34474**

TITLE **ASV** ☐ Delete
NAME **CHAMBLESS, CHARLOTTE**
STREET ADDRESS **2120 SW 55 STREET ROAD**
CITY-ST-ZIP **OCALA FL 34474**

TITLE **VP** ☐ Delete
NAME **SARANDER, LINDA**
STREET ADDRESS **2120 SW 55 STREET ROAD**
CITY-ST-ZIP **OCALA FL 34474**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/01/02 352, 237-1876

CR2E034 (9/01)