

2001 UNIFORM BUSINESS REPORT (UBR)

0024665 AF

DOCUMENT # L00000000469

1. Entity Name
CATHERINE F. ACKERMAN P.L.

FILED

01 FEB -5 AM 11:15

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**OAKHURST PROFESSIONAL PARK
1333 S.E. 25TH LOOP, SUITE 101
OCALA FL 34471-1071**

Mailing Address
**OAKHURST PROFESSIONAL PARK
1333 S.E. 25TH LOOP, SUITE 101
OCALA FL 34471-1071**

2. Principal Place of Business
500 NE 8th Avenue
Suite, Apt. #, etc.

3. Mailing Address
500 NE 8th Avenue
Suite, Apt. #, etc.

City & State
Ocala, FL

City & State
Ocala, FL

Zip
34470

Country
USA

Zip
34470

Country
USA

4. FEI Number
59-3618406

Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00-Additional-- Fee Required**

6. Name and Address of Current Registered Agent
**ACKERMAN, CATHERINE F
OAKHURST PROFESSIONAL PARK
1333 S.E. 25TH LOOP, SUITE 101
OCALA FL 34471-1071**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
500 NE 8th Avenue

City
Ocala

State
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 **Catherine F. Ackerman** **1/26/2001**
Signature, word or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

000003675350--7
-02/12/01--01153--016
*******50.00 *****50.00**

9. MANAGING MEMBERS / MEMBERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: **Catherine F. Ackerman** **1/26/2001 352-629-8800**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)