## **2001 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L000000469  1. Entity Name CATHERINE F. ACKERMAN P.L.					FILED			
Principal Place of Business Mailing Address					OI FEB -5 AMII: 15			
OAKHURST PROFESSIONAL PARK OAKHURST PROFESSIONAL PARK					SEGRETARY OF STATE TALL'AHASSEE, FLORIDA			
1333 S.E. 25TH LOOP, SUITE 101 1333 S.E. 25TH LOOP, SUI OCALA FL 34471-1071 0CALA FL 34471-1071			TE 101		TATLAHASSEE, FLORIDA			
OONER TE OFFITION								
2. Principal Place of Business 3. Mailing Address 500 NE 8th Avenue 500 NE 8th Avenue							11111 1111 1111	
500 NE 8th Avenue         500 NE 8th Avenue           Suite, Apt. #, etc.         Suite, Apt. #, etc.			liue		DO NOT WRITE IN THIS SPACE			
City & State	ty & State City & State			A CCIA	4. FEI Number Applied For			
Ocala, FL	Ocala, FL		ı.	4. FEI Number Applied For 59–3618406 Not Applicable				
Zip – Country 34470 USA	Zip 34470	Country USA	,	5. Certi	icate of Status Desired	\$5.00 Ad		
6. Name and Address of Current F		ered Agent			and Address of New Register		30	
Name Name					<u> </u>	ننځت ب په بند د	<u> </u>	
ACKERMAN, CATHERINE F OAKHURST PROFESSIONAL PARK			Street Address (P.O. Box Number is Not Acceptable) 500 NE 8th Avenue					
1333 S.E. 25TH LOOP, SUITE 101								
OCALA FL 34471-1071			City Ocala FL Zio Code 34470				le O	
8. The above named entry/submits this statement or the purpose of changing its registered office or registered agent, or both, in the State of Florida.								
Catherine E Askermen								
SIGNATURE Catherine F. Ackerman 1/26/2001 Signature, used 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				f State 0000036753507 -02/12/0101153016 ******50.00 ******50.00			
9. MANAGING MEMBE	RS/MEMBERS	10.			ADDITIONS/CHAN	GES		
TITLE	☐ Delete	TITLE NAME	Co	**	F. Ackerman, Mgr	☐ Change	X Addition	
STREET ADDRESS			TREET ADDRESS 500 NE 8t			•	8	
CITY-ST-ZIP			-ZIP Oc	Ocala, FL 34470				
TITLE NAME	☐ Delete	TITLE NAME				Change	Addition	
STREET ADDRESS CITY-ST-ZIP-		STREET A					-4	
TITLE	□ Delete		-214			☐ Change	☐ Addition	
NAME OTHER ADDRESS		NAME	-			·		
STREET ADDRESS CITY-ST-ZIP		STREET A						
TITLE	☐ Delete	TITLE				Change	Addition	
NAME STREET ADDRESS		NAME STREET A	ADDRESS		·			
CITY-ST-ZIP		CITY-ST-	-ZIP					
TITLE NAME	☐ Delete	TITLE NAME			1~	☐ Change	☐ Addition	
STREET ADDRESS.		STREET A	ADDRESS .		2//		İ	
CITY-SI-ZIP ,	Delete	CITY-ST-	-ZIP	· · · · · ·		Chana	Addition	
NAME	FT Delete	title Name				☐ Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP		STREET A	1				}	
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: (\$4000   SECONATION   1/26/2001 352-629-8800								
SIGNATURE: 1/20/2001 332-029-8800  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #								