

# 2001 UNIFORM BUSINESS REPORT (UBR)

0024669 AF

**DOCUMENT #** L00000006051

**1. Entity Name**  
BCK OF OCALA, LLC


**Principal Place of Business**  
3019 SW 27TH AVENUE, SUITE 202  
OCALA FL 34474

**Mailing Address**  
3019 SW 27TH AVENUE, SUITE 202  
OCALA FL 34474

**2. Principal Place of Business**  
1700 SE 17th Street  
Suite, Apt. #, etc. #300  
City & State Ocala FL  
Zip 34471 Country USA

**3. Mailing Address**  
1700 SE 17th Street  
Suite, Apt. #, etc. #300  
City & State Ocala FL  
Zip 34471 Country USA

FILED  
01 MAY 21 AM 8:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

**4. FEL Number** 59-3650593 **Applied For** ☐ **Not Applicable** ☒

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

**6. Name and Address of Current Registered Agent**  
KRIM, FREDERICK J JR  
125 NORTHEAST FIRST AVENUE, SUITE 1  
OCALA FL 34470  
*Frederick Joseph Krim Jr.*

**7. Name and Address of New Registered Agent**  
Name: Frederick J. Krim, Jr. MPM  
Street Address (P.O. Box Number is Not Acceptable) 505 SE 50th Avenue  
City Ocala FL Zip 34471

**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 \_\_\_\_\_ DATE 4-28-01

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

9. MANAGING MEMBERS/MEMBERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KRIM, FREDERICK J JR 3019 SW 27TH AVENUE, SUITE 202 OCALA FL 34474	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Ray, Chad Boyd, III - MPM 1700 SE 17th Street, #300 Ocala, FL 34471	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	600004420916-5 -06/14/01--01104--021 *****50.00 *****50.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

**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:** *Frederick J. Krim Jr.* **4-28-01** **352-861-2248**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)