

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L95000000073

1. Entity Name

OCALA OPEN AIR, LIMITED COMPANY

APPROVED
AND
FILED

00 MAY -2 PM 3:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

590 RINEHART ROAD BLDG. A
LAKE MARY FL 32746

Mailing Address

590 RINEHART ROAD BLDG. A
LAKE MARY FL 32746-4800

2. Principal Place of Business

918 W. 1st St.
Suite, Apt. #, etc.

3. Mailing Address

918 W. 1st St.
Suite, Apt. #, etc.

City & State

Sanford, FL

City & State

Sanford, FL

4. FEI Number

59-3303185

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BAYHI, CRAIG M
590 RINEHART ROAD
LAKE MARY FL 32746

7. Name and Address of New Registered Agent

Name

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

918 W 1st Street

City

Sanford

FL

Zip Code

32771

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. MANAGING MEMBERS / MEMBERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BAYHI, CRAIG M 590 RINEHART ROAD BLDG. A LAKE MARY FL 32746	<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	918 W 1 st Street Sanford, FL 32771	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	300003260209--7 -05/19/00--01116--012 *****50.00 *****50.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CR2E083 (9/99)