## 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L9800000469  1. Entity Name OCALA SPRINGS SHOPPING CENTER, L.C.							FILED SECRETARY OF STATE DIVISION OF CORPORATIONS  00 JAN 13 AM 10: 33				
Principal Place of Business Mailing Address  1901 WEST CYPRESS CREEK ROAD. #415 FT. LAUDERDALE FL 33309  Mailing Address 1901 WEST CYPRESS CREEK ROAD. #415 FT. LAUDERDALE FL 33309-1857							), UU				
Principal Place of Business     Address     Address						_			LNIS BRING #6015 BRISH		
Suite, Apt.	#, etc.	<u> </u>	Suite, Apt. #, etc.			}	DO NO	OT WRITE IN TH	HIS SPACE	MJH	
City & Stat	e	<u>.</u>	City & State			4. FEI N	umber <b>65-08</b>	29955	———	plied For t Applicable	
Zip	Cou	ntry	Zip	try	5. Certifi	5. Certificate of Status Desired					
6. Name and Address of Current Registered Agent					Name	7. Name	and Address of	New Register	ed Agent		
CHETEK, STEPHEN A					Street Address (P.O. Box Number is Not Acceptable)						
C/O CHETEK INVESTMENTS, INC. 1901 WEST CYPRESS CREEK ROAD, #415											
FT. LAUDERDALE FL 33309					City	FL Zip Code				e	
8. The above	named entity subm	its this statement fo	gistered agent, o	or both, in the Sta	<u>-</u>						
SIGNATURE .											
<del></del>	Signature, typed or printed	name of registered agent				equired when reinstating	9)		it		
			Make Check Pa		FEE IS \$50 o Departme	,					
9. MANAGING MEMBERS 10.							ADD	TIONS/CHANG	GES		
TITLE NAME	MGR Desiste						8000	00310	□ Change 13758	Addition	
STREET ADDRESS	AND A CALL AND A CALLED MACA				E ET ADDRESS - ST- ZIP			)1/20/00 *****50.1	)3 <b>75</b> 8 01018	-002   -50.00	
TITLE	MGR	☐ Delate	TITL					Change	Addition		
NAME STREET ADDRESS	1901 W. CYPRESS CREEK ROAD, #415				ET ADDRESS						
CITY-ST-ZIP	FT. LAUDERDAL MGR	TITL	- 8T- ZIP	<del></del>				Addition			
NAME STREET ADDRESS	COHEN, PHIL				E ET AODRESS						
CITY-ST-ZIP	NORTHFIELD IL 60093				- 8T- ZIP		<del>_</del>				
TITLE NAME					E				Change	Addition	
STREET ADDRESS CITY-ST-ZIP	_				ET ADDRESS - BT- ZIP						
TITLE Name			☐ Cetata	TITLE	\				Change	Addition	
STREET ADDRESS CITY-ST-ZIP					ET ADDRESS - ST- ZIP						
TITLE -	<del> </del> -		☐ Delato	TITL					☐ Change	Additton	
NAME STREET ADDRESS								~1		,	
11. i hereby (	certify that the inform	nation supplied with	this filing does not qualify fo	r the exe	mption stated	in Section 119.0	7(3)(i) Flory Sy	atut // rurther	certify that the in	nformation	
indicated limited lia	on this report is true bility company or th	e receiver or trustee	that my signature shall have empowered to execute this	report as	required by (	Chapter 608, Flo	rida Statute		mber or manage		
SIGNAT	URE:	GIGNAT	Stephen	A · · · C	hetek,	Mgr.	1111	954	-202-00	41 	
•• ••	SIGNATU	IRE AND TYPED OR PRI	NTED NAME OF SIGNING MANAGING	MEMBER C	R MANAGER		Daye		Daytime Phone #		