

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M33029

1. Entity Name

THE MANAGEMENT GROUP OF OCALA, INC.

FILED
Apr 04, 2001 8:00 am
Secretary of State

04-04-2001 90098 045 ***158.75

938906



DO NOT WRITE IN THIS SPACE

Principal Place of Business 2801 S.W. COLLEGE ROAD, SUITE 18 OCALA FL 34474 US	Mailing Address P O BOX 740180 OCALA FL 34478 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		PO Box 5130	
City & State		Suite, Apt. #, etc.	
City & State		Ocala FL	
Zip	Country	Zip	Country
34478-5130	USA	34478-5130	USA

4. FEI Number	59-2691317	Applied For
		Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> X	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	
GLASSMAN, JEROME E. 2801-18 SW COLLEGE ROAD OCALA FL 34474	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD	TITLE	
NAME	GLASSMAN, JEROME E.	NAME	
STREET ADDRESS	2801-18 SW COLLEGE ROAD	STREET ADDRESS	
CITY-ST-ZIP	OCALA FL	CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jerome Glassman

04/02/2001

Date

352/237-1186

Daytime Phone #

CP2E034 (10/00)