

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2003 8:00 am
Secretary of State

03-07-2003 90137 039 ****70.00

DOCUMENT # N00000002303

1. Entity Name

LANDEVCO-OCALA, INC.



Principal Place of Business

2670 S.E. 135TH AVENUE
MORRISTON FL 32668

Mailing Address

2670 S.E. 135TH AVENUE
MORRISTON FL 32668

2. Principal Place of Business

3. Mailing Address

P.O. Box 403

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Morrison, FL

Zip

Country

Zip

Country

32668

Marion

4. FEI Number **APPLIED FOR**

59-3731995

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

SCOTT, WILLIE
2670 S.E. 135TH AVENUE
MORRISTON FL 32668

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Willie Scott

Signature, typed or printed name of registered agent and title if applicable.

Willie Scott

(NOTE: Registered Agent signature required when reinstating)

3-4-03

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME	P JAMES, VASHITI	<input type="checkbox"/> Delete
STREET ADDRESS	8330 NW 145TH AVE RD	
CITY-ST-ZIP	MORRISTON FL 32668	
TITLE NAME	D BERNARD, JOHNNY	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	2109 SW 5 PLACE	
CITY-ST-ZIP	OCALA FL 34474	
TITLE NAME	D SCOTT, DAN	<input type="checkbox"/> Delete
STREET ADDRESS	2670 SE 144TH TER	
CITY-ST-ZIP	MORRISTON FL 32668	
TITLE NAME	T YOUNG, LORENZO	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	8288 NW 145TH AVE RD	
CITY-ST-ZIP	MORRISTON FL 32668	
TITLE NAME	S SCOTT, CELESTINE	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	2670 SE 135TH AVE	
CITY-ST-ZIP	MORRISTON FL 32668	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	Evelyn Houtens	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2990 SE 134th Terr.	
CITY-ST-ZIP	Morrison, FL 32668	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	George K. Fox	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1601 SE 13th Pl	
CITY-ST-ZIP	Gainesville, FL 32641	
TITLE NAME	Jennie M. Thomas	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	730 S.W. 5th St.	
CITY-ST-ZIP	Gainesville, FL 32601	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: James SIGNATURE REQUIRED

3-4-03 352-672-1322

CR2E037 (10/02)