

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 01, 2001 8:00 am
Secretary of State

05-01-2001 90062 003 ****61.25

DOCUMENT # N00000005623

1. Entity Name

EASY STREET BUSINESS CENTRE PROPERTY OWNERS' ASS

Principal Place of Business

3019 SW 27TH AVENUE #202
OCALA FL 34474

Mailing Address

3019 SW 27TH AVENUE #202
OCALA FL 34474



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1700 SE 17th Street

3. Mailing Address

1700 SE 17th Street

Suite, Apt. #, etc.

#300

Suite, Apt. #, etc.

#300

City & State

Ocala, FL

City & State

Ocala FL

4. FEI Number

59-3681081

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BOYD, ROY T III
3019 SW 27TH AVENUE #202
OCALA FL 34474

7. Name and Address of New Registered Agent

Ray Thad Boyd III
1700 SE 17th Street
#300
Ocala FL 34474

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 \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME BOYD, ROY T III
STREET ADDRESS 3019 SW 27TH AVENUE #202
CITY-ST-ZIP Ocala FL 34474

TITLE ☒ Change ☐ Addition
NAME Ray Thad Boyd III
STREET ADDRESS 1700 SE 17th Street, #300
CITY-ST-ZIP Ocala FL 34474

TITLE D ☐ Delete
NAME YOUNG, LARRY
STREET ADDRESS 3019 SW 27TH AVENUE #202
CITY-ST-ZIP Ocala FL 34474

TITLE ☒ Change ☐ Addition
NAME Larry Young
STREET ADDRESS 1700 SE 17th Street, #300
CITY-ST-ZIP Ocala FL 34474

TITLE D ☐ Delete
NAME GRAY, STEVEN H
STREET ADDRESS 125 NE 1ST AVENUE #1
CITY-ST-ZIP Ocala FL 34470

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S ☐ Delete
NAME BOYD, CHRISTOPHER
STREET ADDRESS 3019 SW 27TH AVENUE #202
CITY-ST-ZIP Ocala FL 34474

TITLE ☒ Change ☐ Addition
NAME Christopher Boyd
STREET ADDRESS 1700 SE 17th Street, #300
CITY-ST-ZIP Ocala FL 34474

TITLE T ☐ Delete
NAME OLIVER, SHARON
STREET ADDRESS 3019 SW 27TH AVENUE #202
CITY-ST-ZIP Ocala FL 34474

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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:

SIGNATURE REQUIRED

3-27-01

352-861-2248

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)