

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

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90325 001 ****61.25

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1. Entity Name

EASY STREET BUSINESS CENTRE PROPERTY OWNERS' ASSOCIATION, INC.



Principal Place of Business

**1700 SE 17TH STREET
#300
OCALA FL 34471**

Mailing Address

**1700 SE 17TH STREET
#300
OCALA FL 34471**

2. Principal Place of Business

2400 SW 21 Circle

3. Mailing Address

PO Box 5130

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ocala FL

City & State

Ocala FL

Zip

34474

Country

USA

Zip

34478-5130

Country

USA

4. FEI Number **59-3681081**

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

**BOYD, ROY T III
1700 SE 17TH STREET
#300
OCALA FL 34471**

7. Name and Address of New Registered Agent

Name

Jerome Glassman

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

2400 SW 21 Circle

City

Ocala

FL

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

SIGNATURE

Jerome Glassman 04/29/2003

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	BOYD, ROY T III	
STREET ADDRESS	1700 SE 17TH STREET, #300	
CITY-ST-ZIP	OCALA FL 34471	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	YOUNG, LARRY	
STREET ADDRESS	1700 SE 17TH STREET	
CITY-ST-ZIP	OCALA FL 34471	
TITLE	D	<input type="checkbox"/> Delete
NAME	GRAY, STEVEN H	
STREET ADDRESS	125 NE 1ST AVENUE #1	
CITY-ST-ZIP	OCALA FL 34470	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	BOYD, CHRISTOPHER	
STREET ADDRESS	1700 SE 17TH STREET, #300	
CITY-ST-ZIP	OCALA FL 34471	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	OLIVER, SHARON	
STREET ADDRESS	3019 SW 27TH AVENUE #202	
CITY-ST-ZIP	OCALA FL 34474	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sharon Glassman	
STREET ADDRESS	2400 SW 21 Cir	
CITY-ST-ZIP	Ocala FL 34474	
TITLE	SIDRA	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Debra Fowler	
STREET ADDRESS	2400 SW 21 Cir	
CITY-ST-ZIP	Ocala FL 34474	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIG: Sharon Glassman

Sharon Glassman 04/29/2003

(352) 237-1186

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Business Phone #

CR2E037 (10/02)