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

Mailing Address

DOCUMENT # NO2034

1. Entity Name

Principal Place of Business

SIGNATURE

LIVE OAK PROFESSIONAL PARK OWNER'S ASSOCIATION,



FILED Feb 10, 2003 8:00 am Secretary of State

02-10-2003 90165 033 ****61.25

% STEPHEN F PAIGE 1500 SE 17TH ST BLDG 100 OCALA FL 34771-4669 US				% STEPHEN F PAIGE 1500 SE 17TH ST BLDG 100 OCALA FL 34771-4669 US				 				
2. Principal Place of Business			3. Ma	3. Mailing Address								
Suite, Apt. #, etc.			Su	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & State				City & State				4. FEI Number 59-2383086				plied For LApplicable
Zíp	Country			Zip Countr				5. Certificate of Status Desired See Required \$8.75 Additional Fee Required				
	6. Name	and Address of Curre	ent Register	ed Agent				7. Name and Add	ress of New Re	gistered Ag	ent	
KREHL, GERARD S. 320 NW 3RD AVENUE OCALA FL 34470						Name Street Address (P.O. Box Number is Not Acceptable)						
			City			·	FL	Zip Code)			
	ions of registe	y submits this statemer ered agent.						ed agent, or both, in	the State of Flor	rida. I am far	niliar with, a	and accept
FILE NOW: FEE IS \$61.25 9. Election Campaign Trust Fund Contribut								\$5.00 May Be Added to Fees	Florid	ke Check la Departn	nent of S	itate
10.	, D	OFFICERS AND	DIRECTORS		11.			ADDITIONS/CHANG	ES TO OFFICER			Addition
NAME STREET ADDRESS CITY-ST-ZIP	D Delete ZUKOSKI, JOSEPH J., JR. 1500 SE 17TH ST. OCALA FL							·			Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		ARBY, JOHN F. 500 SE 17TH ST.				ET ADDRESS ST-ZIP				[☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD	enneth H. 7th St.		Delete							Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST PAIGE, ST 1500 SE 1 OCALA FL	ephen 7th st.		☐ Delete			<i>S</i> (Joh n		[Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D	i, ronald. 7th St.		☐ Delete						[Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MANN, RIG 1500 SE 1 OCALA FL	Chard 7th St.		☐ Delete						[Change	☐ Addition
indicated of the cor	certify that the on this repor poration or th	e information supplied it or supplemental repo ne receiver or trustee e achment with an addre	ort is true and mpowered to	accurate and that record	my signat N as requir	ure shall ha	ave the s	same legal effect as	it made under d	ath: that I am	n an officer	or director 1

2/4/03