

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N03480

1. Entity Name

OCALA COMMERCE INDUSTRIAL PLAZA CONDOMINIUM ASSO

**FILED**  
**Jan 27, 2000 8:00 am**  
**Secretary of State**

01-27-2000 90025 022 \*\*\*\*61.25

Principal Place of Business

Mailing Address

1552 SW 7TH RD  
P.O. BOX 1987  
OCALA FL 34478  
US

ATTN: GANOE, DWIGHT  
2631 SE 3RD ST  
OCALA FL 34471-9101  
US

2. Principal Place of Business

3. Mailing Address

1552 SW 7TH RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

OCALA, FL

City & State

Zip

Country

34470

US

Zip

Country

4. FEI Number

59-2555139

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GANOE, DWIGHT  
2631 SE 3RD ST  
OCALA FL 34471

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

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	D	<input type="checkbox"/> Delete
NAME	KNOWLEN, KATHY	
STREET ADDRESS	556 SILVER COURSE CIRCLE	
CITY-ST-ZIP	OCALA FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	CARR, ELLIOT	
STREET ADDRESS	1540 SW 7TH RD	
CITY-ST-ZIP	OCALA FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	GANOE, DWIGHT	
STREET ADDRESS	2631 SE 3RD ST	
CITY-ST-ZIP	OCALA FL 34471	
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	
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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:

*SIGNATURE OF DWIGHT GANOE*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/00 (352)620-3394  
Date Daytime Phone #

CR2E037 (9/99)