

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N25600

1. Entity Name

OCALA HEXAPORT, INC.

Principal Place of Business

7 E SILVER SPRGS BLVD #208  
OCALA FL 34470  
US

Mailing Address

7 E SILVER SPRGS BLVD #208  
OCALA FL 34470-6659  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2933946

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

TROW, CHESTER J.  
125 NORTHEAST FIRST AVENUE, SUITE 2  
OCALA FL 32870

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	APPLEBY, HUGH T	10890 SE 72ND TERRACE	BELLEVIEW FL	<input type="checkbox"/>
D	VILLELLA, THOMAS L	1203 SW ST STE 7	OCALA FL 34474	<input type="checkbox"/>
D	ZURAWSKI, JOSEPH	P.O BOX 1255 N/A	ANTHONY FL	<input type="checkbox"/>
D	VANVOORHEES, R.C.	8520 NW 63RD ST	OCALA FL	<input type="checkbox"/>
STD	LAUFF, SAMUEL JR	P O BOX 2754 N/A	OCALA FL	<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
VD	DEATON, JOHN S.	2130 SW 37th St Rd	Ocala, FL 34474	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-12-2000 (350) 732-3550

FILED  
Mar 15, 2000 8:00 am  
Secretary of State

03-15-2000 90128 009 \*\*\*\*61.25

CU038342



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)