

2001 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
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

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 PD
NAME APPLEBY, HUGH T
STREET ADDRESS 10890 SE 72ND TERRACE
CITY-ST-ZIP BELLEVUE FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME VILLELLA, THOMAS L
STREET ADDRESS 1203 SW ST STE 7
CITY-ST-ZIP Ocala FL 34474

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME ZURAWSKI, JOSEPH
STREET ADDRESS P.O BOX 1255 N/A
CITY-ST-ZIP ANTHONY FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME VANVOORHEES, R.C.
STREET ADDRESS 8520 NW 63RD ST
CITY-ST-ZIP Ocala FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE STD
NAME LAUFF, SAMUEL JR
STREET ADDRESS P O BOX 2754 N/A
CITY-ST-ZIP Ocala FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD
NAME DEATON, JOHN S
STREET ADDRESS 2130 SW 37TH ST RD
CITY-ST-ZIP Ocala FL 34474

TITLE
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, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 23, 2001 8:00 am
Secretary of State
04-23-2001 90032 037 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)