

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000000660

1. Entity Name

OCALA SINGLES CONNECTION, INC.

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90036 027 ****61.25

Principal Place of Business

Mailing Address

C/O OCALA MUNICIPLE GOLF COURSE
CLUBHOUSE-3130 E. SILVER SPRINGS BLVD
OCALA FL 34471
US

P.O. BOX 597
SILVER SPRINGS FL 34489-0597

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3373355

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

TONN, LARRY
14880 NORTH HIGHWAY 441
CITRA FL 32113

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 ☒ Delete
NAME PD
STREET ADDRESS TONN, LARRY
CITY-ST-ZIP 14480 NORTH HIGHWAY 441
CITRA FL 32113

TITLE ☒ Change ☐ Addition
NAME PD
STREET ADDRESS LAURA BRADSHAW
CITY-ST-ZIP 3701 N.E. 10 ST. # 701
OCALA, FL 34470

TITLE ☒ Delete
NAME VD
STREET ADDRESS MCLAUGHLIN, META
CITY-ST-ZIP 2705 NE 1ST AVE
OCALA FL 34470

TITLE ☒ Change ☐ Addition
NAME VD
STREET ADDRESS KIM DILIMONE
CITY-ST-ZIP 6851 NE 25 AVE
OCALA, FL 34479

TITLE ☒ Delete
NAME TD
STREET ADDRESS SPICER, CONNIE
CITY-ST-ZIP 14480 NORTH HIGHWAY 441
CITRA FL 32113

TITLE ☒ Change ☐ Addition
NAME TD
STREET ADDRESS TONN LARRY
CITY-ST-ZIP 14480 N. Highway 441
CITRA FL 32113

TITLE ☐ Delete
NAME SD
STREET ADDRESS CHALKER, META
CITY-ST-ZIP 5648 E HWY 316
CITRA FL 32113

TITLE ☐ Change ☐ Addition
NAME SAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: *Larry Tonn*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TD

4-15-2000 352-591-3469

Date

Daytime Phone #

CR2E037 (9/99)