

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 20, 2001 8:00 am
Secretary of State

07-20-2001 90002 045 ****61.25

DOCUMENT # N96000000660

1. Entity Name

OCALA SINGLES CONNECTION, INC.

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 34488

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

59-3373355

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

TONN, LARRY
14880 NORTH HIGHWAY 441
CITRA FL 32113

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
After September 12, 2001, min. will be \$236.25

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

TITLE **TD** ☐ Delete
 NAME **TONN, LARRY**
 STREET ADDRESS **14480 NORTH HIGHWAY 441**
 CITY-ST-ZIP **CITRA FL 32113**

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

TITLE **PD** ☒ Delete
 NAME **BRADSHAW, LAURA**
 STREET ADDRESS **2701 NE 10 ST # 701**
 CITY-ST-ZIP **OCALA FL 34470**

TITLE **VD** ☒ Delete
 NAME **DILIMONE, KAY**
 STREET ADDRESS **6851 NE 25 AVE**
 CITY-ST-ZIP **OCALA FL 34479**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE **SD DILIMONE KAY** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **6851 NE 25 AVE**
 CITY-ST-ZIP **OCALA FL 34479**

TITLE **PD** ☒ Change ☐ Addition
 NAME **Richard RICKERT**
 STREET ADDRESS **6241 SW 57CT**
 CITY-ST-ZIP **OCALA FL 34474**

TITLE **VD** ☒ Change ☐ Addition
 NAME **PAT WALKER**
 STREET ADDRESS **11132 SE 128 PL. RD.**
 CITY-ST-ZIP **OCKLAWAHA FL 32179**

TITLE ☐ Change ☐ Addition
 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: **SIGNATURE OF LARRY TONN**

7/14/01

352-591-3469

CR2E037 (5/01)