

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N97000004772**

1. Entity Name

GREATER OCALA PACHYDERM CLUB, INC.**FILED****Apr 30, 2001 8:00 am**
Secretary of State

04-30-2001 90072 014 *****70.00

001/9108

Principal Place of Business

P. O. BOX 4367
OCALA FL 34478-4367

Mailing Address

P. O. BOX 4367
OCALA FL 34478-4367

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3465964

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

YOUNG, IVAN F
524 SE 61ST CT.
OCALA FL 34472-3338

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 re-instating)

DATE

FILE NOW:
FEE IS \$61.259. 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
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
YOUNG, IVAN ☐ Delete
524 SE 61ST CT
OCALA FL 34472TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPD
CRAWFORD, RON ☐ Delete
2819 NE 32ND PLACE
OCALA FL 34479TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
YOUNG, JEAN ☐ Delete
524 SE 61ST CT
OCALA FL 34472TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
WESTBROOK, JOHN W ☐ Delete
P.O. BOX 1076 N/A
SILVER SPRINGS FL 34489TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-24-01 (352) 694-4560

CR2E037 (10/00)