

# UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000004813

**FILED**  
**Apr 12, 2000 8:00 am**  
**Secretary of State**

04-12-2000 90193 020 \*\*\*\*\*70.00

**1. Principal Place of Business**  
8445 SE 147TH PLACE  
MEDIA CENTER  
SUMMERFIELD FL 34474

**Mailing Address**  
546 SILVER COURSE LOOP  
OCALA FL 34472-2203

**2. Principal Place of Business**  
8839 COUNTY RD E 44 FL

**3. Mailing Address**  
546 SILVER COURSE LA Ocala FL 34472

**City & State**  
LEESBURG FLORIDA

**City & State**  
OCALA FL

**Zip**  
34788

**Country**  
USA



DO NOT WRITE IN THIS SPACE

**4. FEI Number**  
59-3464277

☒ Applied For  
☐ Not Applicable

**5. Certificate of Status Desired** ☒ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
  
CARPENTER, JOSEPH  
546 SILVER COURSE LOOP  
OCALA FL 34472

**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]*  
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** ☐ **\$5.00 May Be Added to Fees**

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> Delete
NAME	CARPENTER, JOSEPH
STREET ADDRESS	546 SILVER COURSE LOOP
CITY-ST-ZIP	OCALA FL 34472
TITLE	<input type="checkbox"/> Delete
NAME	GAFFAN, JOYCE
STREET ADDRESS	8798 S.E. 88TH LANE
CITY-ST-ZIP	OCALA FL 34472
TITLE	<input type="checkbox"/> Delete
NAME	HAFT, BOB
STREET ADDRESS	1255 HUDSON WAY
CITY-ST-ZIP	GRANDE ISLAND FL 32735
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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]*  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date Daytime Phone #

CR2E037 (9/99)