

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000000387

1. Entity Name

ACT II COMPLEX, INC.

Principal Place of Business

Mailing Address

50-D NE 49TH STREET
OCALA FL 34479

50-D NE 49TH STREET
OCALA FL 34479-1670

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

59-3489187

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

PATTERSON, CHARLES R
50-D NE 49TH STREET
OCALA FL 34479

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 CHARLES R PATTERSON
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4-18-2000

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 ☐ Delete
NAME ODEN, PRICE
STREET ADDRESS 50-D NE 49TH STREET
CITY-ST-ZIP Ocala FL 34479

TITLE ☒ Change ☐ Addition
NAME ODEN, PRICE
STREET ADDRESS 50 NE 49th Street
CITY-ST-ZIP Ocala, FL 34479

TITLE STD ☐ Delete
NAME STEDDOM, MARY B
STREET ADDRESS 1701 SE FT. KING STREET
CITY-ST-ZIP Ocala FL 34471

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

TITLE VD ☐ Delete
NAME MACDONALD, DIANE
STREET ADDRESS 2450 SW 38TH AVE LOT 74
CITY-ST-ZIP Ocala FL 34474

TITLE ☒ Change ☐ Addition
NAME MACDONALD, DIANE
STREET ADDRESS 5632 NE 20th St
CITY-ST-ZIP Ocala FL 34479

TITLE D ☐ Delete
NAME WALLACE, ELIZABETH
STREET ADDRESS 1041 NE 20TH AVE
CITY-ST-ZIP Ocala FL 34470

TITLE ☐ Change ☒ Addition
NAME Bob Young
STREET ADDRESS PO Box 6770
CITY-ST-ZIP Ocala, FL 34478

TITLE D ☐ Delete
NAME TYLER, JOE
STREET ADDRESS 860 SE 80TH STREET
CITY-ST-ZIP Ocala FL 34480

TITLE ☐ Change ☒ Addition
NAME DANIEL JONES
STREET ADDRESS 1939 NE 8th Avenue
CITY-ST-ZIP Ocala, FL 34470

TITLE D ☐ Delete
NAME HOLZHAUSER, WARREN
STREET ADDRESS 320 BAHIA CIRCLE
CITY-ST-ZIP Ocala FL 34472

TITLE ☐ Change ☒ Addition
NAME ANN ELLIS
STREET ADDRESS 1146 SW 68th Court
CITY-ST-ZIP Ocala, FL 34476

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:

CHARLES R PATTERSON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-2000

Date

Daytime Phone #

CR2E037 (9/99)



DO NOT WRITE IN THIS SPACE