

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000004065

1. Entity Name

FILM COMMISSION OF REAL FLORIDA, INC.

Principal Place of Business

1025 SW 1ST AVE  
SUITE B  
OCALA FL 34474

Mailing Address

1025 SW 1ST AVE  
SUITE B  
OCALA FL 34474

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

59-3606243

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

POTAPOW, KITTY  
6383 SE 21ST COURT RD  
OCALA FL 34474

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 reinstalling)

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 PD ☐ Delete  
NAME POTAPOW, KITTY  
STREET ADDRESS 6383 SE 21CT RD  
CITY-ST-ZIP Ocala FL 34474

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

TITLE VPD ☐ Delete  
NAME WILCOX, PAMELA  
STREET ADDRESS PO BOX 459 THE CASCADES  
CITY-ST-ZIP Ocala FL 34478

TITLE → EXEC VP D ☒ Change ☐ Addition  
NAME  
STREET ADDRESS → P.O. Box 459  
CITY-ST-ZIP

TITLE VPD ☐ Delete  
NAME PULSIFER, W X  
STREET ADDRESS 605 SW 1ST AVE  
CITY-ST-ZIP Ocala FL 34474

TITLE → PULSIPHER, W.L. ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE TD ☐ Delete  
NAME BLANE, ROBIN M  
STREET ADDRESS 1017 SW 83RD TERR  
CITY-ST-ZIP Ocala FL 34481

TITLE → MACBLANE, ROBIN L. ☒ Change ☐ Addition  
NAME  
STREET ADDRESS → 10317 SW 83rd Terrace  
CITY-ST-ZIP

TITLE SD ☐ Delete  
NAME LASLEY, DENISE  
STREET ADDRESS 2662 PRIVADA DR  
CITY-ST-ZIP THE VILLAGE FL 32159

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP → LADY LAKE, FL 32159

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: *L. MacBlane* *ROBIN L. BLANE* / TREASURER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/01

352-671-1717

Date

Daytime Phone #

CR2E037 (10/00)