


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Aug 18, 2003 8:00 am
Secretary of State

05-05-2003 91761 003 ****61.25

DOCUMENT # N99000006569

1. Entity Name
OCALA AIRPORT PROPERTIES OWNERS' ASSOCIATION, IN C.



Principal Place of Business: **1141 CORAL WAY
CORAL GABLES FL 33134**

Mailing Address: **1141 CORAL WAY
CORAL GABLES FL 33134**

55054399



2. Principal Place of Business: **P.O. BOX 4196**

3. Mailing Address: **P.O. BOX 4196**

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State: **SEMINOLE FL**

City & State: **SEMINOLE FL**

Zip: **33775** Country: **USA**

Zip: **33775** Country: **USA**

4. FEI Number: **65-0993222**

Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent

**G. SHEPPARD W. DOZIER
9 NORTHEAST FIRST AVENUE
OCALA FL 34470**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25

9. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PSD	<input checked="" type="checkbox"/> Delete
NAME	BURNS, FREDRIC B	
STREET ADDRESS	POST OFFICE BOX 43-2810	
CITY-ST-ZIP	MIAMI FL 33243-2810	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	BURNS, ADRIAN G	
STREET ADDRESS	1141 CORAL WAY	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	BURNS, DAVID R	
STREET ADDRESS	1141 CORAL WAY	
CITY-ST-ZIP	CORAL GABLES FL 33134	
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	PSTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACK R. BOYLE JR.	
STREET ADDRESS	P.O. BOX 4196	
CITY-ST-ZIP	SEMINOLE FL 33775	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JIM ROUNTREE	
STREET ADDRESS	14246 HAWKSMORE LANE	
CITY-ST-ZIP	JACKSONVILLE FL 32254	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JIM WEST	
STREET ADDRESS	P.O. BOX 783715	
CITY-ST-ZIP	ATLANTA GA 31139	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LARRY TAYLOR	
STREET ADDRESS	P.O. BOX 260	
CITY-ST-ZIP	DOCTORS INLET FL 32030	
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: **JACK R. BOYLE JR.** **REQUIRED** president 8/13/03 (727)394-7900

CR2E037 (4/03)

Attachment

UNIFORM BUSINESS REPORT (UBR)

5/5/2003-91761-003-\$61.25-\$61.25

DOCUMENT # N99000006569
Entity Name
OCALA AIRPORT PROPERTIES OWNERS' ASSOCIATION, INC



Principal Place of Business
141 CORAL WAY
CORAL GABLES FL 33134
Mailing Address
1141 CORAL WAY
CORAL GABLES FL 33134

55054399

Principal Place of Business
P.O. BOX 4196
Suite, Apt. #, etc.

Mailing Address
P.O. BOX 4196
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
SEMINOLE FL
SEMIMOLE FL
Zip
33775

4. FEI Number 65-0993222
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
G. SHEPPARD W. DOZIER
9 NORTHEAST FIRST AVENUE
OCALA FL 34470

7. Name and Address of New Registered Agent
Name JACK R. BOYLE JR.
Street Address (P.O. Box Number is Not Acceptable)
11168 KAPOK GRANDE CIRCLE
City MADEIRA BEACH FL Zip Code 33708

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Jack R. Boyle Jr. JACK R. BOYLE JR. president 4/29/03
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
Trust Fund Contribution. \$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

Table with 2 columns: OFFICERS AND DIRECTORS. Rows include PSD BURNS, FREDRIC B; TD BURNS, ADRIAN G; VD BURNS, DAVID R.

Table with 2 columns: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10. Row includes PSTD JACK R. BOYLE JR.

CR2E037 (10/02)

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...

SIGNATURE: JACK R. BOYLE JR. president 4/29/03 (77) 344-7900
Signature and typed or printed name of signing officer or director Date Daytime Phone #