


**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: _____	
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.

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

CHECK HERE IF MAKING CHANGES

City & State
SEMINOLE FL SEMINOLE FL

4. FEI Number 65-0993222
Applied For
Not Applicable

Zip
33775 Country

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: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Rows include PSD BURNS, FREDRIC B; TD BURNS, ADRIAN G; VD BURNS, DAVID R.

Table with 2 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. 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; 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. president 4/29/03 (77) 344-7900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #