

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 30, 2002 8:00 am
Secretary of State

05-30-2002 91600 006 ***150.00

DOCUMENT # P000000006541

1. Entity Name

Ocala County Affordable Home

DO NOT WRITE IN THIS SPACE

674146

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4677 HIGHWAY 20

3. Mailing Address

P.O. Box 950

Suite, Apt. #, etc.

SUITE 1

Suite, Apt. #, etc.

City & State

NICEVILLE, FL

City & State

NICEVILLE, FL

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

Zip

Country

32578

USA

Zip

Country

32588

USA

7. Name and Address of Current Registered Agent

Name

DEAT MOORE

Street Address (P.O. Box Number is Not Acceptable)

4677 HIGHWAY 20 SUITE 1

City

NICEVILLE

FL

Zip Code

32578

**DO NOT WRITE
IN THIS SPACE**

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

Deat Moore

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

5/24/02

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so. ☐
(See criteria on back)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT
DEAT MOORE
4677 HIGHWAY 20 SUITE 1
NICEVILLE, FL 32578

TITLE
NAME
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CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

13. 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 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Deat Moore DEAT MOORE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/24/02 678-6883

Date

Daytime Phone #

CR2E034B (12/01)