

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000008725

1. Entity Name

DEMAREE MANAGEMENT GROUP, INC.

FILED

Apr 07, 2001 8:00 am
Secretary of State

04-07-2001 90004 028 ***150.00

Principal Place of Business

2601 S.W. 19TH AVENUE ROAD
OCALA FL 34474

Mailing Address

2601 S.W. 19TH AVENUE ROAD
OCALA FL 34474

2. Principal Place of Business

3. Mailing Address

111 NE 50th CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Ocala, FL

City & State

City & State

34470

Marion

4. FEI Number

59-3624637

Applied For

Not Applicable

Zip

Country

Zip

Country

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

FUTCH, R. WILLIAM
500 N.E. 8TH AVENUE
OCALA FL 34470

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 reinstating)

DATE

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

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME DEMAREE, ANDREW
STREET ADDRESS 2601 S.W. 19TH AVENUE ROAD
CITY-ST-ZIP Ocala FL 34474

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

TITLE ☐ Delete
NAME DEMAREE, CHARLES
STREET ADDRESS 2601 S.W. 19TH AVENUE ROAD
CITY-ST-ZIP Ocala FL 34474

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-4-01 (352) 854-3403

CR2E034 (10/00)