

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2001 8:00 am
Secretary of State
 03-05-2001 90300 047 ***150.00

0553239

DOCUMENT # P00000081393

1. Entity Name
OCALA TREE DEBRIS RECYCLING, INC.

Principal Place of Business Mailing Address
1400 NW 18TH ST. **P.O. BOX 2148**
OCALA FL 34479 **SILVER SPRINGS FL 34489**

2. Principal Place of Business 3. Mailing Address
PO BOX 1357
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Silver Springs, FL
 Zip Country Zip Country
34489 **USA**

4. FEI Number Applied For
65-1042611 Not Applicable
 5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

FLANAGAN, GREGORY S
230 NORTHEAST 25TH AVE.
SUITE 200
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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE	DVP	<input type="checkbox"/> Delete
NAME	KINSEY, SANDY	
STREET ADDRESS	P.O. BOX 548	
CITY-ST-ZIP	SILVER SPRINGS FL 34489	
TITLE	D	<input type="checkbox"/> Delete
NAME	KINSEY, DOUGLAS L SR.	
STREET ADDRESS	P.O. BOX 548	
CITY-ST-ZIP	SILVER SPRINGS FL 34489	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	KINSEY, DOUGLAS L III	
STREET ADDRESS	10325 N.E. CTY. ROAD 314	
CITY-ST-ZIP	SILVER SPRINGS FL 34488	
TITLE	DS	<input type="checkbox"/> Delete
NAME	KINSEY, JENNIFER	
STREET ADDRESS	10325 N.E. CTY ROAD 314	
CITY-ST-ZIP	SILVER SPRINGS FL 34488	
TITLE	DP	<input type="checkbox"/> Delete
NAME	SPICHER, OLGA	
STREET ADDRESS	P.O. BOX 2148	
CITY-ST-ZIP	SILVER SPRINGS FL 34488	
TITLE	DT	<input type="checkbox"/> Delete
NAME	SPICHER, TODD	
STREET ADDRESS	P.O. BOX 2148	
CITY-ST-ZIP	SILVER SPRINGS FL 34489	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: OLGA D. SPICHER **OLGA D. SPICHER** **2-1-01** **352-629-9911**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)