

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P19342

1. Entity Name

HAWTHORNE OCALA, INC.

FILED
Aug 15, 2000 8:00 am
Secretary of State

08-15-2000 90007 044 ***550.00

Principal Place of Business

1200 SW 60TH AVE
 OCALA FL 34474
 US

Mailing Address

1200 SW 60 AVE
 OCALA FL 34474
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2869973

Applied For

Not Applicable

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

TROW, CHESTER J.
 125 N.E. AVE.
 SUITE 2
 OCALA FL 32670

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 PD ☐ Delete
 NAME HARTON, TD
 STREET ADDRESS PO BOX 525
 CITY-ST-ZIP WINSTON-SALEM NC 27102-0525

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

TITLE SVP ☐ Delete
 NAME THRIFT, WILLIAM
 STREET ADDRESS PO BOX 525
 CITY-ST-ZIP WINSTON-SALEM NC 27102-0525

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

TITLE VPS ☐ Delete
 NAME LEDFORD, GREGORY
 STREET ADDRESS 1001 PENNSYLVANIA AVE
 CITY-ST-ZIP WASHINGTON DC 20004-2505

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

TITLE VCFS ☒ Delete
 NAME FLORENCE, JAMES F
 STREET ADDRESS PO BOX 525
 CITY-ST-ZIP WINSTON-SALEM NC 27102-0525

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE VCFS ☐ Change ☒ Addition
 NAME Urbania, Matt
 STREET ADDRESS PO Box 525
 CITY-ST-ZIP Winston-Salem, NC 27102-0525

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

Mony Chambers

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/2/00

Date

336-776-6084

Daytime Phone #

001 014 1500