

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 30, 2001 08:00 AM**
Secretary of State**DOCUMENT # P19342**1. Entity Name
HAWTHORNE OCALA, INC.

Principal Place of Business 1200 SW 60TH AVE OCALA FL 34474 US	Mailing Address 1200 SW 60 AVE OCALA FL 34474 US
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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 Applicable5. 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 32670Name
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 _____ **04/30/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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 State10. 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 VCFS ☐ Delete
NAME URBANIA MATT
STREET ADDRESS P O BOX 525
CITY-ST-ZIP WINSTON-SALEM NC 271020525TITLE VCFS ☒ Change ☐ Addition
NAME URBANIA MARK
STREET ADDRESS P O BOX 525
CITY-ST-ZIP WINSTON-SALEM NC 271020525TITLE VCFS ☒ Delete
NAME FLORENCE JAMES F
STREET ADDRESS PO BOX 525
CITY-ST-ZIP WINSTON-SALEM NC 271020525TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE VPS ☐ Delete
NAME LEDFORD GREGORY
STREET ADDRESS 1001 PENNSYLVANIA AVE
CITY-ST-ZIP WASHINGTON DC 200042505TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE SVP ☐ Delete
NAME THRIFT, WILLIAM
STREET ADDRESS PO BOX 525
CITY-ST-ZIP WINSTON-SALEM NC 271020525TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE PD ☐ Delete
NAME HARTON TD
STREET ADDRESS PO BOX 525
CITY-ST-ZIP WINSTON-SALEM NC 271020525TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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: Mark Urbania VCFS 04/30/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)