

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90125 036 ***150.00

DOCUMENT # P95000012615

1. Entity Name
CALA HILLS DEVELOPMENT, INC.

Principal Place of Business

**2801 S.W. COLLEGE RD.
 #18
 Ocala FL 34474**

Mailing Address

**PO BOX 5130
 Ocala FL 34478-5130
 US**

2. Principal Place of Business

2400 SW 21 Cir

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ocala FL

City & State

4. FEI Number

59-3302252

Applied For

Not Applicable

Zip

34474

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

FOWLER, DEBRA

2801-18 SW COLLEGE RD

OCALA FL 34474

7. Name and Address of New Registered Agent

Name

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

2400 SW 21 Cir

City
Ocala

FL

Zip Code
34474

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

Debra Fowler

Debra Fowler

04/22/2002

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, 2002 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 **VD** ☐ Delete
 NAME **GRAY, STEVEN H**
 STREET ADDRESS **125 N.E. 1ST AVE., SUITE 1**
 CITY-ST-ZIP **OCALA FL**

TITLE **VD** ☐ Delete
 NAME **SHARON GLASSMAN**
 STREET ADDRESS **2801-18 SW COLLEGE ROAD**
 CITY-ST-ZIP **OCALA FL**

TITLE **PD** ☐ Delete
 NAME **JERRY GLASSMAN**
 STREET ADDRESS **2801-18 SW COLLEGE ROAD**
 CITY-ST-ZIP **OCALA FL**

TITLE **STD** ☐ Delete
 NAME **DEBRA FOWLER**
 STREET ADDRESS **2801-18 SW COLLEGE ROAD**
 CITY-ST-ZIP **OCALA FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **2400 SW 21 Cir**
 CITY-ST-ZIP **Ocala FL 34474**

TITLE ☒ Change ☐ Addition
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 STREET ADDRESS **2400 SW 21 Cir**
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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:

Sharon Glassman

Sharon Glassman

352/237-1186

04/22/2002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)