

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P95000012618**

1. Entity Name

CALA HILLS PARK, INC.**FILED**
Apr 04, 2001 8:00 am
Secretary of State

04-04-2001 90098 049 ***158.75

0629471

Principal Place of Business

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

Mailing Address

**PO BOX 740180
OCALA FL 34478****938902**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

PO Box 5130

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**City & State
Ocala FL**4. FEI Number **59-3302247**

Applied For

Not Applicable

Zip

Country

Zip

Country

34478-5130**USA**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

**OWLER, DEBRA
2801-18 SW COLLEGE RD
OCALA FL 34474**

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 **VD**
STREET ADDRESS **GRAY, STEVEN H**
CITY-ST-ZIP **125 N.E. FIRST AVE., STE. 1
OCALA FL 34474**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **VD**
STREET ADDRESS **GLASSMAN, SHARON M.**
CITY-ST-ZIP **2801 SW COLLEGE RD., UNIT 18
OCALA FL 34474**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **PD**
STREET ADDRESS **GLASSMAN, JEROME E.**
CITY-ST-ZIP **2801 SW COLLEGE RD., UNIT 18
OCALA FL 34474**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **STD**
STREET ADDRESS **FOWLER, DEBRA S.**
CITY-ST-ZIP **2801 SW COLLEGE RD., UNIT 18
OCALA FL 34474**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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:

Sharon Glassman**04/02/2001****352/237-1186**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)