

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90045 004 ***150.00

DOCUMENT # P95000012618

1. Entity Name

CALA HILLS PARK, INC.

Principal Place of Business

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

Mailing Address

**PO BOX 5130
 OCALA FL 34478-5130**

2. Principal Place of Business

2400 SW 21 Circle

Suite, Apt. #, etc.

Ocala

City & State

Ocala FL

Zip

34474

Country

USA

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

34474

Country

USA

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

Debra Fowler

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

2400 SW 21 Circle

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 04/04/2002

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. FIRST AVE., STE. 1**
 CITY-ST-ZIP **OCALA FL 34474**

TITLE **VD** ☐ Delete
 NAME **GLASSMAN, SHARON M.**
 STREET ADDRESS **2801 SW COLLEGE RD., UNIT 18**
 CITY-ST-ZIP **OCALA FL 34474**

TITLE **PD** ☐ Delete
 NAME **GLASSMAN, JEROME E.**
 STREET ADDRESS **2801 SW COLLEGE RD., UNIT 18**
 CITY-ST-ZIP **OCALA FL 34474**

TITLE **STD** ☐ Delete
 NAME **FOWLER, DEBRA S.**
 STREET ADDRESS **2801 SW COLLEGE RD., UNIT 18**
 CITY-ST-ZIP **OCALA FL 34474**

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 Circle**
 CITY-ST-ZIP **Ocala FL 34474**

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

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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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jerome Glassman 04/04/2002 352/237-1186

Date

Daytime Phone #

CR2E034 (9/01)