

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000097322

1. Entity Name

PALM KIA OF OCALA, INC.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90045 043 ***150.00

Principal Place of Business

Mailing Address

2305 SW COLLEGE RD
OCALA FL 33474
US

2345 OKEECHOBEE BLVD
WEST PALM BEACH FL 33409-4001
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

59-3352710

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

FHS CORPORATE SERVICES, INC.
11780 U.S. HIGHWAY ONE
SUITE 300
NORTH PALM BEACH FL 33408

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, 2000 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	DS	<input type="checkbox"/> Delete
NAME	CUILLO, ROBERT S	
STREET ADDRESS	2345 OKEECHOBEE BLVD	
CITY-ST-ZIP	WEST PALM BEACH FL 33409	
TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	CATANZARO, ANTHONY	
STREET ADDRESS	2305 S.W. COLLEGE RD.	
CITY-ST-ZIP	OCALA FL 33474	
TITLE	VAST	<input type="checkbox"/> Delete
NAME	CUILLO, ROBERT A	
STREET ADDRESS	2345 OKEECHOBEE BLVD	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	HOTARY, MICHAEL	
STREET ADDRESS	2345 OKEECHOBEE BLVD.	
CITY-ST-ZIP	WEST PALM BEACH FL 33409	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)