

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000010845

1. Entity Name

OCALA INTERNATIONAL COMMERCE PARK, INC.

Principal Place of Business

Mailing Address

~~230 NE 25TH AVE~~  
~~OCALA FL 34470~~

~~230 NE 25TH AVE~~  
~~OCALA FL 34470~~

2. Principal Place of Business

5215 W. Silver Springs Blvd

3. Mailing Address

P.O. Box 2165

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

OCALA, FLA

City & State

OCALA, FLA

Zip

34474

Country

U.S.A.

Zip

34478

Country

U.S.A.

6. Name and Address of Current Registered Agent

DEAN, JONATHAN S  
230 NE 25TH AVE  
OCALA FL 34470

7. Name and Address of New Registered Agent

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)

3/14/00

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

TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	FORD FORD,	
STREET ADDRESS	3501 NE 10TH	
CITY-ST-ZIP	OCALA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	LEWIS, CARROLL E	
STREET ADDRESS	1904 NE 6TH AVE	
CITY-ST-ZIP	OCALA FL 34470	
TITLE	D	<input type="checkbox"/> Delete
NAME	DEAN, JONATHAN S	
STREET ADDRESS	230 NE 25TH AVE	
CITY-ST-ZIP	OCALA FL 34470	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACQUES FORD	
STREET ADDRESS	10835 N.W. HWY 27	
CITY-ST-ZIP	OCALA, FL. 34482	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DANA E. FORD	
STREET ADDRESS	10835 NW. Hwy. 27	
CITY-ST-ZIP	OCALA, FL. 34482	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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

Jacques Ford (Pres)

4/6/00

Date

(352) 620-0039

Daytime Phone #

**FILED**  
**Apr 10, 2000 8:00 am**  
**Secretary of State**

04-10-2000 90098 019 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)