

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 12, 2001 8:00 am  
Secretary of State

05-12-2001 90038 026 \*\*\*150.00

DOCUMENT # P97000092302

1. Entity Name

PERIMETER MANAGEMENT CORPORATION

Principal Place of Business

Mailing Address

P.O. BOX 770668

P.O. BOX 770668

OCALA FL 34477-0668

OCALA FL 34477-0668

US

US

2. Principal Place of Business

5072 N.W. 80th Ave Rd

3. Mailing Address

P.O. Box 770668

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Ocala, FL.

Ocala, FL.

Zip 34482

Country US

Zip 34477

Country US



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3470749

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

LEE, DOROTHY G

1301 SW 97TH AVE

STE 102

OCALA FL 34477

5072 N.W. 80th Ave Rd  
34482

LEE, DOROTHY G

5072 N.W. 80th Ave Rd

Ocala

FL

Zip Code 34482

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

Dorothy G. Lee

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

04.30.01

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	VP	<input checked="" type="checkbox"/> Delete
NAME	LEE, ROBERT	
STREET ADDRESS	5072 NW 80TH AVE RD	
CITY-ST-ZIP	OCALA FL 34482	
TITLE	PSTD	<input type="checkbox"/> Delete
NAME	LEE, DOROTHY G	
STREET ADDRESS	5072 NW 80TH AVE RD	
CITY-ST-ZIP	OCALA FL 34482	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOEBEL, ROBERT J.	
STREET ADDRESS	5072 NW 80th Ave Rd	
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:

Dorothy G. Lee

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4.30.01 352 237.5900

CR2E034 (10/00)