

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2000 8:00 am
Secretary of State
 05-07-2000 90011 005 ***150.00

DOCUMENT # P97000093931

1. Entity Name

RUBY ENTERPRISES OF OCALA, INC.

Principal Place of Business

Mailing Address

~~6235 NW HWY 27~~
~~OCALA FL 34482~~
 US

P O BOX 770417
 OCALA FL 34477-0417
 US

2. Principal Place of Business

3. Mailing Address

2250 NW 165 ST

Suite, Apt. #, etc.

CITRA FL 32113

City & State

4. FEI Number **59-3478054**

Applied For
 Not Applicable

32113

Country

Zip

Country

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

EUDY, EDITH W
~~6235 N W HIGHWAY 27~~
~~OCALA FL 34482~~

2250 NW 165 ST
CITRA FL
32113

Name

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

2250 NW 165 ST

City

FL

Zip Code **32113**

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 **Edith W Eudy**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-26-00

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 ☐ Delete
 NAME **D EUDY, EDITH W**
 STREET ADDRESS ~~6235 NW HWY 27~~ **2250 NW 165 ST**
 CITY-ST-ZIP ~~OCALA FL 34482~~ **CITRA FL**

TITLE ☐ Change ☐ Addition
 NAME **2250 NW 165 ST**
 STREET ADDRESS **CITRA FL**
 CITY-ST-ZIP **32113**

TITLE ☐ Delete
 NAME **D DARE, JACK**
 STREET ADDRESS ~~6235 NW HIGHWAY 27~~ **2250 NW 165 ST**
 CITY-ST-ZIP ~~OCALA FL 34482~~ **CITRA FL 32113**

TITLE ☐ Change ☐ Addition
 NAME **2250 NW 165 ST**
 STREET ADDRESS **CITRA FL**
 CITY-ST-ZIP **32113**

TITLE ☐ Delete
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 CITY-ST-ZIP

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 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: **EDITH W EUDY**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)