

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000093931

1. Entity Name

RUBY ENTERPRISES OF OCALA, INC.

FILED

Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90267 043 ***150.00

Principal Place of Business

2250 NW 165 ST.
CITRA FL 32113
US

Mailing Address

P O BOX 770417
OCALA FL 34477
US

00052958



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2250 NW 165 ST

3. Mailing Address

BOX 1357

Suite, Apt. #, etc.

CITRA FL

Suite, Apt. #, etc.

City & State

BRANFORD FL

4. FEI Number 59-3478054

Applied For

Not Applicable

Zip 32113

Country MARION

Zip 32008

Country SUWANNEE

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

Name EDITH WALKER EUDY

Street Address (P.O. Box Number is Not Acceptable)
24682-49th RD

City O'BRIEN FL Zip Code 32071

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 WALKER EUDY

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-20-01

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 D
NAME EUDY, EDITH W
STREET ADDRESS 6235 NW HWY 27
CITY-ST-ZIP OCALA FL 34482 ☒ Delete

TITLE EUDY EDITH W
NAME EUDY EDITH W
STREET ADDRESS 24682-49th RD
CITY-ST-ZIP O'BRIEN FL 32071 ☒ Change ☐ Addition

TITLE D
NAME DARE, JACK
STREET ADDRESS 6235 NW HIGHWAY 27
CITY-ST-ZIP OCALA FL 34482 ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 #

Edith Walker Eudy 4-20-01 386-935-4141

CR2E034 (10/00)