## 2001 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P9700094824 COMAC OCALA TWO, INC.

## FILED Mar 30, 2001 8:00 am Secretary of State 03-30-2001 90318 031 \*\*\*150.00

Principal Plac													
	ce of Business		М	lailing Address									
	300 PGA BLVD SUITE 620 ALM BEACH GARDENS FL 33410			3300 PGA BLVD., SUITE 620						<i>f</i> 4 6	3 A .		
PALM BEACH G	GARDENS FL 3	3410	PAL	.M BEACH GARDENS F	L 33410					6.3	390	20	
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2: Principal F	Place of Busine	365	3	Mailing Address									
2: Principal Place of Business Suite, Apt. #, etc.			"	Suite, Apt. #, etc.				1 1884188					
								DO NOT WRITE IN THIS SPACE					
City & Stat	to			City & State				CE) Ni mah	OF O	70.400.4			Applied For
City & State			City & State		"	4. FEI Number 65-0			0794621		Not Applicable		
Zip		Country		Zip	Coun	itry	5.	Certificate	of Status D	esired		\$8.75 A	
6. Name and Address of Current R			 			_ <del></del>		7. Name and Address of New Register				Fee Required	
	b. Name a	and Address of Curr	rent Regis	tered Agent		Name_=							
WHIT	te, John II	<u></u> .	. —										
		CH LAKES BLVD.,	SUITE 12	200		Street Addr	ress (P.O.	Box Numb	er is Not Ac	ceptable)			
W. P	ALM BEACH	FL 33401			٠.								
					,	City			<del></del>		FL	Zip Co	de
										<del></del> .	rL	·	
8. The above	named entity	submits this stateme	ent for the p	ourpose of changing its	s registere	ed office or req	gistered a	igent, or bo	ith, in the St	ate of Flor	ida.		
SIGNATURE .	Signature, typed or	r printed name of registered a	agent and title	if applicable. (NO)	E: Registere	d Agent signature re	equired when	reinstating)	<del></del>		DATE		<del></del>
O This sero	ovation is aliaib	lo to agtisfu ita Intons											
<ol> <li>This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.</li> </ol>					IC C1EN NN								
Tax filing t	requirement ar	, ,	gible			IS \$150.00 will be \$550.	.00		ection Camp	_			00 мау Ве
•	requirement ar ría on back)	nd elects to do so.	gible	After MAY 1, 20 Make Check Paya	)Q1 Fee	will be \$550.			ection Camp ust Fund Co	_			00 May Be ed to Fees
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR