

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 08, 2000 8:00 am
Secretary of State
 09-08-2000 90019 001 *1,676.25

DOCUMENT # P97000107082

1. Entity Name

BOBCAT OF OCALA, INCORPORATED

Principal Place of Business

4599 N HWY 441
 OCALA FL 34475
 US

Mailing Address

4599 N US HWY 441
 OCALA FL 34475-1523
 US

2. Principal Place of Business

3. Mailing Address

7410 EAST Colonial DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orlando FL

Zip

Country

32807

USA

4. FEI Number

59-3485304

Applied For

Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**KINGSLAND, RICHARD G
 4131 ALDERGATE PLACE
 ORLANDO FL 32708**

7. Name and Address of New Registered Agent

Name **RICHARD A. KINGSLAND**

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

7410 EAST Colonial DRIVE

City **Orlando**

FL

Zip Code **32807**

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 *Richard A. Kingsland*
 Signature, typed or printed name of registered agent and title if applicable.

RICHARD A. KINGSLAND, President

9-5-00

(NOTE: Registered Agent signature required when reinstating)

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	PST	<input checked="" type="checkbox"/> Delete
NAME	KINGSLAND, RICHARD G	
STREET ADDRESS	4131 ALDERGATE PL	
CITY-ST-ZIP	ORLANDO FL 32708	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ROADERICK, BRIAN	
STREET ADDRESS	8200 NW 43RD LN	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RICHARD A. KINGSLAND	
STREET ADDRESS	889 WILLOW RUN LANE	
CITY-ST-ZIP	WINTER SPRINGS, FL 32708	
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:

Richard A. Kingsland
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RICHARD A. KINGSLAND, President

Date

Daytime Phone #

9-5-00

407-273-7383