

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000028867

1. Entity Name

SOVEREIGN BUILDING INVESTMENT CORPORATION

**FILED**  
**Apr 26, 2000 8:00 am**  
**Secretary of State**

04-26-2000 90154 005 \*\*\*150.00

Principal Place of Business

C/O SAVAGE KRIM & SIMONS. P.A.  
121 NW 3RD STREET  
OCALA FL 34475

Mailing Address

C/O SAVAGE KRIM & SIMONS. P.A.  
121 NW 3RD STREET  
OCALA FL 34475-6640

2. Principal Place of Business

*C/o Savage, Krim, Simons + Jones, LLC*  
Suite, Apt. #, etc.  
*121 NW 3rd Street*

City & State  
*Ocala, FL*

Zip  
*34475*

Country  
*USA*

3. Mailing Address

*C/o Savage, Krim, Simons + Jones, LLC*  
Suite, Apt. #, etc.  
*121 NW 3rd Street*

City & State  
*Ocala, FL*

Zip  
*34475*

Country  
*USA*



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3504975**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

FISCHER, TIMOTHY A  
121 NW 3RD STREET  
OCALA FL 34475

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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

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

(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	D	<input type="checkbox"/> Delete
NAME	STANDLEY, JOSEPH W SR.	
STREET ADDRESS	121 NW 3RD STREET	
CITY-ST-ZIP	OCALA FL 34475	
TITLE	D	<input type="checkbox"/> Delete
NAME	FISCHER, STEPHEN E	
STREET ADDRESS	121 NW 3RD STREET	
CITY-ST-ZIP	OCALA FL 34475	
TITLE	D	<input type="checkbox"/> Delete
NAME	FISCHER, TIMOTHY A	
STREET ADDRESS	121 NW 3RD STREET	
CITY-ST-ZIP	OCALA FL 34475	
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	D / VP / T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	same	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D / P / AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	same	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D / VP / S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	same	
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:

*Timothy A. Fischer* Timothy A. Fischer 4-21-00 352-732-8944

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)