

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000060242

1. Entity Name

DJR ENTERPRISES OF OCALA, INC.

**FILED**  
**Mar 03, 2000 8:00 am**  
**Secretary of State**

03-03-2000 90209 042 \*\*\*150.00

Principal Place of Business

1302 SOUTHEAST 25TH LOOP  
UNIT 2  
OCALA FL 34471

Mailing Address

1302 SOUTHEAST 25TH LOOP  
UNIT 2  
OCALA FL 34471-1027

2. Principal Place of Business

570 NE 36TH AVE

3. Mailing Address

570 NE 36TH AVE

Suite, Apt. #, etc.

B

Suite, Apt. #, etc.

A

City & State

OCALA, FL

City & State

OCALA, FL

Zip

34470

Country

MARION

Zip

34470

Country

MARION

4. FEI Number

59-3521852

Applied For

Not Applicable

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

FILLINGAME, LYMAN D  
2526 S.E. 28TH STREET  
OCALA FL 34471

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

*Lyman D. Fillingame*

LYMAN D. FILLINGAME

3/1/00

Signature typed or printed name of registered agent and date 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME FILLINGAME, LYMAN D  
STREET ADDRESS 1302 SOUTHEAST 25TH LOOP  
CITY-ST-ZIP Ocala FL 34471 ☐ Delete

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

TITLE VD  
NAME FILLINGAME, JEAN T  
STREET ADDRESS 1302 SOUTHEAST 25TH LOOP  
CITY-ST-ZIP Ocala FL 34471 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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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:

*Lyman D. Fillingame* LYMAN D. FILLINGAME

Date

Daytime Phone #

CR2E034 (9/99)