

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000085529

1. Entity Name

OPPORTUNITY HOLDINGS, INC.

FILED

Jan 27, 2001 8:00 am  
Secretary of State

01-27-2001 90078 035 \*\*\*150.00

Principal Place of Business

4534 SW 105 DRIVE  
GAINESVILLE FL 32608

Mailing Address

4534 SW 105 DRIVE  
GAINESVILLE FL 32608

2. Principal Place of Business

520 SE FT KING ST.

3. Mailing Address

P.O. Box 3630

Suite, Apt. #, etc.

BID A

Suite, Apt. #, etc.

City & State

OCALA FL

City & State

OCALA FL

Zip

34471

Country

MARION

Zip

34478-3630

Country

MARION

4. FEI Number

59-3536394

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

CRUTCHER, KEITH A  
4539 SW 105TH DRIVE  
GAINESVILLE FL 32608

Name

Ralph W. Pressley Jr.

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

520 SE FT KING ST., BID A

City

OCALA

FL

Zip Code

34471

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

*Ralph W. Pressley Jr.*

Ralph W. Pressley Jr.

1/17/01

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, 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	PTD	<input checked="" type="checkbox"/> Delete
NAME	CRUTCHER, KEITH A	
STREET ADDRESS	4534 SW 105 DRIVE	
CITY-ST-ZIP	GAINESVILLE FL 32608	
TITLE	D	<input type="checkbox"/> Delete
NAME	PRESSLEY, RALPH	
STREET ADDRESS	4534 SW 105 DRIVE	
CITY-ST-ZIP	GAINESVILLE FL 32608	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Sec. 1 TREAS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ralph W. Pressley Jr.	
STREET ADDRESS	520 SE FT KING ST., BID A	
CITY-ST-ZIP	OCALA FL 34471	
TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	William H. Tuck Jr.	
STREET ADDRESS	520 SE FT KING ST., BID A	
CITY-ST-ZIP	OCALA FL 34471	
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:

*Ralph W. Pressley Jr.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/01

Date

352-840-0005

Daytime Phone #

CR2E034 (10/00)