

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000060673

1. Entity Name

NORTH FLORIDA REPS, INC.

**FILED**  
**Apr 18, 2000 8:00 am**  
**Secretary of State**

04-18-2000 90139 004 \*\*\*150.00

Principal Place of Business

Mailing Address

215 N. EOLA DRIVE  
ORLANDO FL 32802

215 N. EOLA DRIVE  
ORLANDO FL 32801-2028

2. Principal Place of Business

2635 S.E. 29 Lane

3. Mailing Address

P.O. Box 5998

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Ocala Florida

City & State

Ocala, FLORIDA

4. FEI Number

59-3588093

Applied For

Not Applicable

Zip

Country

34471

Zip

Country

34478

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

HEEKIN, JAMES F JR  
215 N. EOLA DRIVE  
ORLANDO FL 32801

Name

Patricia A. Bevis

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

3233 SW 33 RD STE 201

City

Ocala

FL

Zip Code

34474

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

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

PATRICIA A. BEVIS, V.P.

(NOTE: Registered Agent signature required when reinstating)

4/13/2000

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** ☐ Delete  
NAME **BEVIS, EARNEST L**  
STREET ADDRESS **310 S.E. 20TH TERRACE**  
CITY-ST-ZIP **OCALA FL 34471**

TITLE **D** ☐ Delete  
NAME **BEVIS, PATRICIA A**  
STREET ADDRESS **310 S.E. 20TH TERRACE**  
CITY-ST-ZIP **OCALA FL 34471**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D and President, TREAS.** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **2635 SE 29th Lane**  
CITY-ST-ZIP **Ocala FL 34471**

TITLE **D and V.P. and secy.** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **2635 SE 29th Lane**  
CITY-ST-ZIP **Ocala FL 34471**

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

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

TITLE ☐ Change ☐ 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

*Patricia A. Bevis*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PATRICIA A. BEVIS

Date

4/13/2000

Daytime Phone #

(352) 237-6145

CR2E034 (9/99)