

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

1. Entity Name

MILLENNIUM ENTERTAINMENT OF OCALA, INC.

**FILED**  
**Apr 27, 2000 8:00 am**  
**Secretary of State**

04-27-2000 90100 013 \*\*\*150.00

Principal Place of Business

Mailing Address

6323 W. Pine Ridge Blvd. 6323 W. Pine Ridge Blvd.  
Beverly Hills, FL 34465 Beverly Hills, FL 34465

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-35914645

Applied For

Not Applicable

Zip

Country

Zip

Country

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

Mark A. Trump  
6323 W. Pine Ridge Blvd.  
Beverly Hills, FL 34465

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	Mark A. Trump	
STREET ADDRESS	6323 W. Pine Ridge Blvd.	
CITY-ST-ZIP	Beverly Hills, FL 34465	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	Brian Purdy	
STREET ADDRESS	1495 NW 60th Ave.	
CITY-ST-ZIP	Ocala, FL 34482	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	Troy D. Waranka	
STREET ADDRESS	750 N.E. 10th St. #107	
CITY-ST-ZIP	Crystal River, FL 34424	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	Michael R. Kollock	
STREET ADDRESS	5 Helmock Loop Lane	
CITY-ST-ZIP	Ocala, FL 34471	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

4/14/00

Date

352527 8840

Daytime Phone #

CR2E034 (9/99)