

# 2000 UNIFORM BUSINESS REPORT (UBR)

6/2

FILED

Aug 02, 2000 8:00 am  
Secretary of State

06-20-2000 90004 004 \*\*\*150.00

DOCUMENT # **P9000083633**  
1. Entity Name **Country Club Realty of Ocala Inc.** R

Principal Place of Business **8273 NW 47th St. Ocala, FL 34482**  
Mailing Address **8273 NW 47th St. Ocala, FL 34482**

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip  
Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State **DE**  
Zip  
Country

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3600974**  
Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

**William R. Lutz**  
**500 NE 8 Ave**  
**Ocala, FL 34470**

## 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	<b>Kathleen Tellman</b> <input type="checkbox"/> Delete
NAME	<b>8273 NW 47 St.</b>
STREET ADDRESS	<b>Ocala, FL 34482</b>
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"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
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: **Kathleen Tellman**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**6-16-00**  
Date

Daytime Phone #

CR2E034 (9/99)

Attachment  
P99000083633

107064

July 25, 2000

Division of Corporations  
Re: 2000 Uniform Business Report

On June 16, 2000 I sent in a copy of enclosed form with a check for \$150.00 which has been deposited by Div. of Corp.

I am requesting a waiver of the \$400.00 late fee, as I never received any forms or information from the Div. of Corp. and was unaware that I had to file each year. I work by myself from home with a small real estate business and this penalty would be a hardship for me at this time.

Thank you for taking this in consideration.

Jacklyn Tellman

Country Club Realty of Ocala, Inc.

8273 N.W. 47 St.

Ocala, FL 34482

352-351-0240