2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P99000083633 **DOCUMENT #**

1. Entity Name

COUNTRY CLUB REALTY OF OCALA, INC.



FILED Feb 13, 2003 8:00 am Secretary of State 02-13-2003 90194 008 ***150.00

						 ∤		
Principal Place of Business 8273 NW 47TH ST.				g Address NW 47TH ST.				
OCALA FL 34482			OCAL	A FL 34482				
OUTEN TO OTHER					•			
2. Principal Pla	ace of Busin	ess	3. Mail	ing Address			AL) BRILL BRIBO IBIBO TINID	#11 ## 11(# # 1111 (#)
Suite, Apt. #, etc.			Suite	e, Apt. #, etc.		CHECK HERE IF MAKING CHANGES		
			City	R State		4. FEI Number 50_2600074		Applied For
City & State			City	& State		4. FEI Number 59-3600974		Not Applica
Zip	, ,	Country	Zip		Country :"	5. Certificate of Status Desired	Fee Re	Additional quired
	6. Name	and Address of	Current Registere	d Agent		7. Name and Address of New F	Registered Agent	
FUTCH, R.	WILLIAM				Name			
500 NE 8T					Street Addres	ss (P.O. Box Number is Not Acceptable	e)	
OCALA FL							.,	
OCALA FL	. 34470						— 7:-	Code
					City		FL Zip	Code
R The above	named entit	v submits this sta	tement for the purp	ose of changing its	registered office or regis	stered agent, or both, in the State of Fl	orida. I am familiar	with, and acc
the obligati	ions of regis	tered agent.						4
SIGNATURE .	Signature, typed	or printed name of regis	stered agent and title it app	olicable. (NOT	TE: Registered Agent signature req	uired when reinstating)	DATE	
. After	r May 1, 20	!! FEE IS \$15 03 Fee will be :	\$550.00			Election Campaign Fi Trust Fund Contributi		\$5.00 May & Added to Fees
Make Check	k Payable t	o Florida Depai	rtment of State					
10.		OFFICE	ERS AND DIRECTO	RS	11.	ADDITIONS/CHANGES TO OF		
TITLE	D			☐ Delete	TITLE		☐ Ch	ange
NAME	FELLMAN	, KATHLEEN			NAME			
STREET ADDRESS		47TH ST.			STREET ADDRESS			
CITY-ST-ZIP	OCALA F	1 34482			CITY CT 7ID			
TITLE					CITY-ST-ZIP			ange 🗀 Ado
			μ.	☐ Delete	TITLE		☐ Cr	nange 🗀 Add
NAME				☐ Delete	TITLE NAME		□ Cr	nange Add
NAME STREET ADDRESS				☐ Delete	TITLE		□ CH	nange Add
NAME STREET ADDRESS CITY-ST-ZIP					TITLE NAME STREET ADDRESS CITY-ST-ZIP		ci	·
NAME STREET ADDRESS CITY-ST-ZIP TITLE				☐ Delete	TITLE NAME STREET ADDRESS			·
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME					TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE			·
NAME STREET ADDRESS CITY-ST-ZIP TITLE	-				TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME			·
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP					TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS			nange 🔲 Add
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	-			□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		CI	nange 🔲 Add
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	-			□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		CI	nange 🔲 Add
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	_			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		cı	nange □ Ado
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		-		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP		CI	nange □ Ado
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME NAME				☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		cı	nange □ Ado
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS				☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		cı	nange □ Ado
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME NAME	-			☐ Delete ☐ Delete ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		ci	nange Add
NAME STREET ADDRESS CITY-ST-ZIP TITLE				☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE		cı	nange Add
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME				☐ Delete ☐ Delete ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		ci	nange Add
NAME STREET ADDRESS CITY-ST-ZIP TITLE				☐ Delete ☐ Delete ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE		ci	nange Add

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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: