

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S87567

1. Entity Name

MR. AUTO INSURANCE OF WEST OCALA, INC.

**FILED**  
**Apr 21, 2000 8:00 am**  
**Secretary of State**

04-21-2000 90102 004 \*\*\*150.00

Principal Place of Business

2611 SW COLLEGE RD  
STE C  
OCALA FL 34474  
US

Mailing Address

2611 SW COLLEGE RD  
STE C  
OCALA FL 34474-3002  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3100133

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

STAVOLA, LORRIE D

~~10737 SE 108TH TERR RD~~

~~CANDLER FL 32111~~

2611 SW College Rd  
OCALA, FL 34474

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

*L D Stavola*  
L D STAVOLA

*3/15/00 L D Stavola*

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐

**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  
NAME STAVOLA, LORRIE D  
STREET ADDRESS 10737 SE 108TH TERR RD  
CITY-ST-ZIP CANDLER FL 32111 ☐ Delete

TITLE V  
NAME STAVOLA, ROBERT J  
STREET ADDRESS 10737 SE 108TH TERR RD  
CITY-ST-ZIP CANDLER FL 32111 ☒ Delete

TITLE S  
NAME VEAL, TOM  
STREET ADDRESS 2515 S ATLANTIC AVE, STE 208  
CITY-ST-ZIP COCOA BEACH FL 32931 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE VICE PRESIDENT  
NAME JUDITH C. DAVIS  
STREET ADDRESS 21424 N.E. 12TH AVE  
CITY-ST-ZIP Melrose, FL 32666 ☐ Change ☒ Addition

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

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

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

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

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

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:

*L D Stavola*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*4/12/00*  
*352 287 2700*

CR20004 (04/00)