

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V11225

1. Entity Name

CONSOLIDATED PROPERTIES OF OCALA, INC.

**FILED**  
**Apr 25, 2000 8:00 am**  
**Secretary of State**

04-25-2000 90103 022 \*\*\*150.00

Principal Place of Business  
207 N. MAGNOLIA AVE.  
OCALA FL 34470  
US

Mailing Address  
P O BOX 3961  
OCALA FL 34478-3961  
US

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
Zip 34475 Country

City & State  
Zip Country

4. FEI Number 59-3108361  
Applied For  
Not Applicable

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



DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

TRENTELMAN, JOHN C.  
207 N. MAGNOLIA 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 34475

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 \_\_\_\_\_ (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. ☐ **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                      | VP                 | <input type="checkbox"/> Delete | TITLE   |       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | ROBINSON, PAIGE    |                                 | NAME  |       |   |
| STREET ADDRESS             | 1758 SE 5TH ST.    |                                 | STREET ADDRESS  |       |   |
| CITY-ST-ZIP                | OCALA FL           |                                 | CITY-ST-ZIP   | 34471 |   |
| TITLE                      | ST                 | <input type="checkbox"/> Delete | TITLE   |       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | CHARDAIN, ALAIN A. |                                 | NAME  |       |   |
| STREET ADDRESS             | 1101 SE 14TH TERR  |                                 | STREET ADDRESS  |       |   |
| CITY-ST-ZIP                | OCALA FL           |                                 | CITY-ST-ZIP   | 34471 |   |
| TITLE                      | DP                 | <input type="checkbox"/> Delete | TITLE   |       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | TRUMM, HOWARD W.   |                                 | NAME  |       |   |
| STREET ADDRESS             | 1112 SE 15TH AVE.  |                                 | STREET ADDRESS  |       |   |
| CITY-ST-ZIP                | OCALA FL           |                                 | CITY-ST-ZIP   | 34471 |   |
| TITLE                      |                    | <input type="checkbox"/> Delete | TITLE   |       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                    |                                 | NAME  |       |   |
| STREET ADDRESS             |                    |                                 | STREET ADDRESS  |       |   |
| CITY-ST-ZIP                |                    |                                 | CITY-ST-ZIP   |       |   |
| TITLE                      |                    | <input type="checkbox"/> Delete | TITLE   |       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                    |                                 | NAME  |       |   |
| STREET ADDRESS             |                    |                                 | STREET ADDRESS  |       |   |
| CITY-ST-ZIP                |                    |                                 | CITY-ST-ZIP   |       |   |
| TITLE                      |                    | <input type="checkbox"/> Delete | TITLE   |       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                    |                                 | NAME  |       |   |
| STREET ADDRESS             |                    |                                 | STREET ADDRESS  |       |   |
| CITY-ST-ZIP                |                    |                                 | 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: Alain A. Chardain Alain A. Chardain, Treasurer 4/19/00 (352)351-2000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)