

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 22, 2000 8:00 am**  
**Secretary of State**

02-22-2000 90029 004 \*\*\*150.00

**DOCUMENT # J39264**

1. Entity Name

**OCALA INNS, INC.**

Principal Place of Business

Mailing Address

613-B BEACHVIEW DR  
 ST SIMONS ISLANDS GA 31522  
 US

PO BOX 20287  
 ST SIMONS ISLAND GA 31522-8287  
 US

**616097**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2744211**

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

ZELL, ROYALD A.  
 13806 CYPRESS VILLAGE CIR  
 TAMPA FL 33624

Name

Street Address (P.O. Box Number is Not Acceptable)

3145 Lake Ellen Drive

City Tampa

FL

Zip Code 33618

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	VD	<input type="checkbox"/> Delete
NAME	ZELL, ROYALD A.	
STREET ADDRESS	13806 CYPRESS VILLAGE CR	
CITY-ST-ZIP	TAMPA FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	ZELL, DALE L.	
STREET ADDRESS	13806 CYPRESS VILLAGE CIR	
CITY-ST-ZIP	TAMPA FL	
TITLE	DP	<input type="checkbox"/> Delete
NAME	ZELL, HAROLD E.	
STREET ADDRESS	101 WORTHING RD	
CITY-ST-ZIP	ST SIMONS ISLAND GA	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ZELL, LUCY D.	
STREET ADDRESS	101 WORTHING RD	
CITY-ST-ZIP	ST SIMONS ISLAND GA	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3145 Lake Ellen DR.	
CITY-ST-ZIP	Tampa, FL 33618	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3145 Lake Ellen DR	
CITY-ST-ZIP	Tampa, FL 33618	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/00

Date

912 638-3449

Daytime Phone #

CRE034 (9/99)