

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 22, 2000 8:00 am
Secretary of State

01-22-2000 90032 037 ****70.00

DOCUMENT # N00038

1. Entity Name

OCALA CHAPTER 812, E.A.A., INC.

Principal Place of Business

Mailing Address

5551 SE 33RD AVE
 Ocala FL 34480
 US

5551 SE 33RD AVE
 Ocala FL 34480-7630
 US

00907314



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8780 SE 70TH TERR

3. Mailing Address

8780 SE 70TH TERR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

OCALA, FL

City & State

OCALA, FL

4. FEI Number

59-3363746

Applied For

Not Applicable

Zip

34472

Country

US

Zip

34472

Country

US

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

EKBERG, SCOTT H.
5551 SE 33RD AVE
OCALA FL 34480

7. Name and Address of New Registered Agent

Name

FREDRICK G. WEAVER

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

8780 SE 70TH TERRACE

City

OCALA, FL.

FL

Zip Code

34472

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 **Frederick G. FREDRICK WEAVER - PRESIDENT**

(NOTE: Registered Agent signature required when reinstating)

DATE

1/15/2000

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> Delete
NAME	HINES WILLIAM
STREET ADDRESS	501B FAIRWAYS LANE
CITY-ST-ZIP	OCALA FL 34472
TITLE	D <input type="checkbox"/> Delete
NAME	NICHOLS, CARMAN
STREET ADDRESS	P.O. BOX 536 N/A
CITY-ST-ZIP	OCALA FL
TITLE	TD <input type="checkbox"/> Delete
NAME	EKBERG, SCOTT H.
STREET ADDRESS	5551 SE 33RD AVE
CITY-ST-ZIP	OCALA FL 34480
TITLE	PD <input checked="" type="checkbox"/> Delete
NAME	TORRES, MIGUEL
STREET ADDRESS	15371 SE 25TH TERRACE
CITY-ST-ZIP	SUMMERFIELD FL 34491
TITLE	VD <input checked="" type="checkbox"/> Delete
NAME	TATJE, DAVID
STREET ADDRESS	213 EASTRIDGE DR
CITY-ST-ZIP	EUSTIS FL 32726
TITLE	SD <input checked="" type="checkbox"/> Delete
NAME	Frederick WEAVER, FREDRICK
STREET ADDRESS	8780 SE 70TH TERRACE
CITY-ST-ZIP	OCALA FL 34472

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PD Frederick G. WEAVER, FREDRICK
STREET ADDRESS	8780 SE 70TH TERRACE
CITY-ST-ZIP	OCALA, FL 34472
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VD VAUGHN, CHARLES
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SD KIRKLAND, EFFIE
STREET ADDRESS	P.O. BOX 446
CITY-ST-ZIP	OCCLOWAHA, FL. 32183

12. 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 617, 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:

Scott H. Ekberg

1/17/2000

352-732-3013

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)