

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 009540

1. Entity Name

LONCALA, INCORPORATED

Principal Place of Business

125 N. W. 1ST AVENUE  
HIGH SPRINGS FL 32643

Mailing Address

125 NW 1ST AVE  
HIGH SPRINGS FLA 32643-1001  
US

2. Principal Place of Business

SAME

Suite, Apt. #, etc.

SAME

City & State

SAME

Zip  
32643-1001

Country

USA

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

**FILED**  
**Jan 19, 2000 8:00 am**  
**Secretary of State**

01-19-2000 90207 012 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-0336130

Applied For

Not Applicable

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

OLMERT, BRYAN J.  
125 N W 1ST AVENUE  
HIGH SPRINGS FL 32643

Name

SAME

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

SAME

City

SAME

FL

Zip Code

32643-1001

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 PD ☐ Delete  
NAME OLMERT, BRYAN J  
STREET ADDRESS 125 N W 1ST AVE  
CITY-ST-ZIP HIGH SPRINGS FL 32643

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP 32643-1001

TITLE AST ☐ Delete  
NAME GWEN, ELLIS D  
STREET ADDRESS 125 NW 1ST AVENUE  
CITY-ST-ZIP HIGH SPRINGS FL 32643-1001

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

TITLE D ☐ Delete  
NAME HILL, J H  
STREET ADDRESS 125 N W 1ST AVE  
CITY-ST-ZIP HIGH SPRINGS FL 32643

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP 32643-1001

TITLE DV ☐ Delete  
NAME KRIM, FRED J  
STREET ADDRESS 121 N W 3RD ST  
CITY-ST-ZIP Ocala FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP 34475

TITLE SD ☐ Delete  
NAME REDDING, DAVID R. J  
STREET ADDRESS 125 NW 1ST AVE.  
CITY-ST-ZIP HIGH SPRINGS FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP 32643-1001

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

*Gwen Ellis*  
SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/00

Date

(904) 454-1511

Daytime Phone #

CR2E034 (9/99)