

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 29, 2001 8:00 am**  
**Secretary of State**

01-29-2001 90132 028 \*\*\*158.75

**DOCUMENT # 375608**

1. Entity Name  
**OAK KNOLL RANCH, INC.**

00010010



DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>2513 MT. LK. CUT OFF RD. LAKE WALES FL 33853</b>	Mailing Address <b>2513 MT. LK. CUT OFF RD. LAKE WALES FL 33853</b>
--	--

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number <b>59-1312221</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="radio"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**ADKINSON, WILLIAM M.  
 MT LAKE CUT OFF RD.  
 LAKE WALES FL 33853**

**7. Name and Address of New Registered Agent**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

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, 2001 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**

TITLE	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>HERNDON, HORACE F</b>	
STREET ADDRESS	<b>HIGHLAND PARK DRIVE</b>	
CITY-ST-ZIP	<b>LAKE WALES FL</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>ADKINSON, WILLIAM M</b>	
STREET ADDRESS	<b>MT. LAKE CUT OFF RD</b>	
CITY-ST-ZIP	<b>LAKE WALES FL</b>	
TITLE	<b>ST</b>	<input type="checkbox"/> Delete
NAME	<b>ADKINSON, ANN H.</b>	
STREET ADDRESS	<b>MT LAKE CUT OFF RD.</b>	
CITY-ST-ZIP	<b>LAKE WALES FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>ADKINSON, ANN H.</b>	
STREET ADDRESS	<b>MT. LAKE CUT OFF RD</b>	
CITY-ST-ZIP	<b>LAKE WALES FL</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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 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:** Ann H. Adkinson Ann H. Adkinson 1-19-01  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)