

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 387657

1. Entity Name

OAKHURST LAND CORPORATION

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

02-22-2000 90038 007 ***150.00

Principal Place of Business

Mailing Address

13020 PARK BOULEVARD
 SEMINOLE FL 33776
 US

13020 PARK BOULEVARD
 SEMINOLE FL 33776-3639
 US

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

59-1368293

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

7. Name and Address of New Registered Agent

KERN, DAVID F. P.A.
516 LAKEVIEW RD VILLA III
CLEARWATER FL 33516

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

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
 NAME

VD
KIDD, RICHARD C
13020 PARK BLVD
SEMINOLE FL

Delete

TITLE
 NAME

Change Addition

STREET ADDRESS
 CITY-ST-ZIP

STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME

PD
CLARKSON, FREDERICK W.
13020 PARK BLVD
SEMINOLE FL

Delete

TITLE
 NAME

Change Addition

STREET ADDRESS
 CITY-ST-ZIP

STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME

Delete

TITLE
 NAME

Change Addition

STREET ADDRESS
 CITY-ST-ZIP

STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME

Delete

TITLE
 NAME

Change Addition

STREET ADDRESS
 CITY-ST-ZIP

STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME

Delete

TITLE
 NAME

Change Addition

STREET ADDRESS
 CITY-ST-ZIP

STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME

Delete

TITLE
 NAME

Change Addition

STREET ADDRESS
 CITY-ST-ZIP

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:

Frederick W. Clarkson
Frederick W. Clarkson, P.O. P.A.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-11-00

Date

127-393-3404

Daytime Phone #