

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 09, 2000 8:00 am
Secretary of State

03-09-2000 90101 024 ****61.25

DOCUMENT # 720317

1. Entity Name

OAK GROVE VILLAGE PARK, INC.

Principal Place of Business

Mailing Address

1711 NE 134 ST
 TRENTON FL 32693
 US

1570 NE 132 LN
 TRENTON FL 32693-8830
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2470524

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

THOMAS, MARGARET L
1570 N.E. 132 LANE
RT. 3 BOX 235
TENTON FL 32693

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** Delete
 NAME **CLOUGH, CHUCK**
 STREET ADDRESS **OAK GROVE VILL RT 3**
 CITY-ST-ZIP **TRENTON FL**

TITLE **D** Change Addition
 NAME **CLOUGH, CHUCK**
 STREET ADDRESS **13430 NE 16 AVE**
 CITY-ST-ZIP **TRENTON, FL 32693**

TITLE **D** Delete
 NAME **PALMER, BETTY**
 STREET ADDRESS **OAK GROVE VILL, RT 3**
 CITY-ST-ZIP **TRENTON FL**

TITLE **D** Change Addition
 NAME **EDWARDS, RALPH**
 STREET ADDRESS **3830 NE 132 LN**
 CITY-ST-ZIP **TRENTON, FL 32693**

TITLE **D** Delete
 NAME **WHITE, HAROLD**
 STREET ADDRESS **OAK GROVE VILL RT 3**
 CITY-ST-ZIP **TRENTON FL**

TITLE **D** Change Addition
 NAME **COOPER, EARL**
 STREET ADDRESS **13311 NE 16 TER**
 CITY-ST-ZIP **TRENTON, FL 32693**

TITLE **VP** Delete
 NAME **OLSEN, GENE**
 STREET ADDRESS **OAK GROVE VILLAGE**
 CITY-ST-ZIP **TRENTON FL**

TITLE **P** Change Addition
 NAME **OLSEN, GENE**
 STREET ADDRESS **13310 NE 16 TER**
 CITY-ST-ZIP **TRENTON, FL 32693**

TITLE **P** Delete
 NAME **THOMAS, LEE**
 STREET ADDRESS **OAK GROVE VILL, RT3**
 CITY-ST-ZIP **TRENTON FL**

TITLE **VP** Change Addition
 NAME **THOMAS, LEE**
 STREET ADDRESS **1570 NE 132 LN**
 CITY-ST-ZIP **TRENTON, FL 32693**

TITLE **ST** Delete
 NAME **THOMAS, MARGARET L**
 STREET ADDRESS **1570 NE 132 LN**
 CITY-ST-ZIP **TRENTON FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: Margaret L Thomas MARGARET-L THOMAS 3-4-00 352-493-0971
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)