

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 15, 2001 8:00 am
Secretary of State

02-15-2001 90048 037 ****61.25

DOCUMENT # 720317

1. Entity Name

OAK GROVE VILLAGE PARK, INC.

Principal Place of Business

1711 NE 134 ST
 TRENTON FL 32693
 US

Mailing Address

1570 NE 132 LN
 TRENTON FL 32693
 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 _____ DATE _____

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	<input type="checkbox"/> Delete
NAME	CLOUGH, CHUCK	
STREET ADDRESS	13430 NE 16 AVE	
CITY-ST-ZIP	TRENTON FL 32693	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	EDWARDS, RALPH	
STREET ADDRESS	3830 NE 132 LN	
CITY-ST-ZIP	TRENTON FL 32693	
TITLE	D	<input type="checkbox"/> Delete
NAME	COOPER, EARL	
STREET ADDRESS	13311 NE 16 TER	
CITY-ST-ZIP	TRENTON FL 32693	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	OLSEN, GENE	
STREET ADDRESS	13310 NE 16 TERR	
CITY-ST-ZIP	TRENTON FL 32693	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	THOMAS, LEE	
STREET ADDRESS	1570 NE 132 LN	
CITY-ST-ZIP	TRENTON FL 32693	
TITLE	ST	<input type="checkbox"/> Delete
NAME	THOMAS, MARGARET L	
STREET ADDRESS	1570 NE 132 LN	
CITY-ST-ZIP	TRENTON FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDWARDS, RALPH	
STREET ADDRESS	1880 NE 132 LN	
CITY-ST-ZIP	TRENTON, FL 32693	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	THOMAS, LEE	
STREET ADDRESS	1570 NE 132 LN	
CITY-ST-ZIP	TRENTON, FL 32693	
TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	OLSEN, GENE	
STREET ADDRESS	13250 NE 16 TER	
CITY-ST-ZIP	TRENTON, FL 32693	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 2/14/01 352-493-0971

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)