

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 18, 2002 8:00 am
Secretary of State

03-18-2002 90049 032 ****61.25

DOCUMENT # 720317
 1. Entity Name
OAK GROVE VILLAGE PARK, INC.

Principal Place of Business Mailing Address
 1711 NE 134 ST 1570 NE 132 LN
 TRENTON FL 32693 TRENTON FL 32693
 US US

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

4. FEI Number Applied For
59-2470524 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
THOMAS, MARGARET L
1570 N.E. 132 LANE
~~RT. 3 BOX 295~~ **04T**
TENTON FL 32693

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.

FILE #0W: 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 NAME CLOUGH, CHUCK STREET ADDRESS 13430 NE 16 AVE CITY-ST-ZIP TRENTON FL 32693	<input checked="" type="checkbox"/> Delete	TITLE DIRECTOR NAME SELL, GEORGE STREET ADDRESS 13390 NE 17 CT CITY-ST-ZIP TRENTON, FL 32693	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D NAME EDWARDS, RALPH STREET ADDRESS 880 NE 132 LN CITY-ST-ZIP TRENTON FL 32693	<input checked="" type="checkbox"/> Delete	TITLE DIRECTOR NAME SMITH, JAMES STREET ADDRESS 1790 NE 132 LN CITY-ST-ZIP TRENTON, FL 32693	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D NAME COOPER, EARL STREET ADDRESS 13311 NE 16 TER CITY-ST-ZIP TRENTON FL 32693	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VP NAME OLSEN, GENE STREET ADDRESS 13250 NE 16 TER CITY-ST-ZIP TRENTON FL 32693	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE P NAME THOMAS, LEE STREET ADDRESS 1570 NE 132 LN CITY-ST-ZIP TRENTON FL 32693	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE ST NAME THOMAS, MARGARET L STREET ADDRESS 1570 NE 132 LN CITY-ST-ZIP TRENTON FL	<input type="checkbox"/> Delete	TITLE ST NAME THOMAS, MARGARET L. STREET ADDRESS 1570 NE 132 LN CITY-ST-ZIP TRENTON, FL 32693	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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 3/6/02 352-493-0971
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)