

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 753562

1. Entity Name

OAK CREEK AT COUNTRYSIDE PROPERTY OWNERS' ASSOCI

**FILED**  
**Feb 29, 2000 8:00 am**  
**Secretary of State**

02-29-2000 90094 035 \*\*\*\*61.25

Principal Place of Business

Mailing Address

3029 TANGLEWOOD DR.  
 CLEARWATER FL 33721  
 US

3029 TANGLEWOOD DR.  
 CLEARWATER FL 33761-1427  
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2019094

Applied For

Not Applicable

Zip

Country

Zip

Country

33761-1427

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

BLUMENTHAL, JERRI  
 3029 TANGLEWOOD DR.  
 CLEARWATER FL 34621 33761-1427

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 PD  Delete  
 NAME SZE, MARSHA  
 STREET ADDRESS 3082 TANGLEWOOD DR.  
 CITY-ST-ZIP CLEARWATER FL 34621 33761-1426

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE SD  Delete  
 NAME MICHAELS, MARGARET  
 STREET ADDRESS 3056 OAK CREEK DRIVE NORTH  
 CITY-ST-ZIP CLEARWATER FL 33761-1430

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE TD  Delete  
 NAME BLUMENTHAL, JERRI  
 STREET ADDRESS 3029 TANGLEWOOD DR.  
 CITY-ST-ZIP CLEARWATER FL 33761-1427

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
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 CITY-ST-ZIP

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:

*JERRI BLUMENTHAL*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 9 2000

727-789-0841

Date

Daytime Phone #