

2001 UNIFORM BUSINESS REPORT (UBR)

1/3

FILED
Feb 26, 2001 8:00 am
Secretary of State

01-31-2001 90033 006 ****61.25

DOCUMENT # 761955
 1. Entity Name
OAK CREST/ACORN RESIDENTS' CLUB, INC.

Principal Place of Business Mailing Address
 9925 ULMERTON RD. 9925 ULMERTON RD
 LARGO FL 33771 LARGO FL 34641
 US US

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



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2288746** Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
MCLANE, THEODORE F.
251 N CLEARWATER-LARGO ROAD
LARGO FL

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE NAME	PD BUCHER, JENNET	<input type="checkbox"/> Delete
STREET ADDRESS	9925 ULMERTON ROAD #532	
CITY-ST-ZIP	LARGO FL	
TITLE NAME	VD KIM, LESTER	<input type="checkbox"/> Delete
STREET ADDRESS	9925 ULMERTON ROAD #419	
CITY-ST-ZIP	LARGO FL	
TITLE NAME	VD MACLEAN, FRANCES	<input type="checkbox"/> Delete
STREET ADDRESS	9925 ULMERTON RD #176	
CITY-ST-ZIP	LARGO FL 33771	
TITLE NAME	S SMITH, DOLORES	<input type="checkbox"/> Delete
STREET ADDRESS	9925 ULMERTON RD #322	
CITY-ST-ZIP	LARGO FL 33771	
TITLE NAME	T BRUCE, FORREST	<input type="checkbox"/> Delete
STREET ADDRESS	9925 ULMERTON RD #95	
CITY-ST-ZIP	LARGO FL 33771	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	PD HULSE, JEANNETTE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	925 ULMERTON ROAD #310	
CITY-ST-ZIP	LARGO, FL. 33771	
TITLE NAME	VPD SCULLY, RUTH	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	9925 ULMERTON ROAD # 16	
CITY-ST-ZIP	LARGO, FL. 33771	
TITLE NAME	VPD BAILEY, BERT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	9925 ULMERTON ROAD #3	
CITY-ST-ZIP	LARGO, FL. 33771	
TITLE NAME	S SCHWAB, VERDENE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	9925 ULMERTON ROAD #262	
CITY-ST-ZIP	LARGO, FL. 33771	
TITLE NAME	T LEFKO, MARGIE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	9925 ULMERTON ROAD #212	
CITY-ST-ZIP	LARGO, FL. 33771	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Jeannette Hulse* **JEANNETTE HULSE** 01/23/2000 727-585-2229
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)