

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2001 8:00 am
Secretary of State

0078845

DOCUMENT # N02355

1. Entity Name

OAKCREEK CAVERNS LOT OWNERS ASSOCIATION, INC.

04-27-2001 90346 022 ****61.25

Principal Place of Business

Mailing Address

4009 SW 20TH AVE.
 Ocala FL 34474
 US

4000 SW 20TH AVE.
 Ocala FL 34474
 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

59-2594131

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

ORTIZ, GEORGE
 201 NE 8TH AVE.
 Ocala FL 34470

Name **MICHAEL D. MILLHORN**

Street Address (P.O. Box Number is Not Acceptable)

13712 HS 441

Suite 100

City

Lady Lake

FL

Zip Code

32159

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

[Handwritten Signature]

Michael D. Millhorn

4-13-01

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEES 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 | <input type="checkbox"/> Delete |
| NAME | CORDREY, DOUGLAS | |
| STREET ADDRESS | 4040 SW 20 AVE | |
| CITY-ST-ZIP | OCALA FL 34474 | |
| TITLE | VD | <input type="checkbox"/> Delete |
| NAME | BOYTON, PAUL | |
| STREET ADDRESS | 1830 SW 40TH PL | |
| CITY-ST-ZIP | OCALA FL 34474 | |
| TITLE | STD | <input checked="" type="checkbox"/> Delete |
| NAME | OLIVEROS, ROSEMARIE MRS. | |
| STREET ADDRESS | 4200 SW 20TH AVE. | |
| CITY-ST-ZIP | OCALA FL | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|-------------------------|--|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | STD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | MILLHORN, DONALD | |
| STREET ADDRESS | 4025 SW 20 AVE | |
| CITY-ST-ZIP | OCALA FL 34474 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| 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:

[Handwritten Signature]

Donald Millhorn

Date

4-13-01

Daytime Phone #

352-237-1095

CR2E037 (10/00)