

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 27, 2000 8:00 am**  
**Secretary of State**

03-27-2000 90078 050 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

**DOCUMENT # N04646**  
 1. Entity Name  
**OAK FOREST HOMEOWNERS/CIVIC ASSOCIATION, INC.**

Principal Place of Business      Mailing Address  
 P.O. BOX 155      P.O. BOX 155  
 FLORAL CITY FL 34436      FLORAL CITY FL 34436-0155

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

City & State      City & State

4. FEI Number      Applied For  
**NOT APPLICABLE**      Not Applicable

5. Certificate of Status Desired      \$8.75 Additional Fee Required  
     

6. Name and Address of Current Registered Agent  
**POE, GARY A**  
**103 N APOPKA AVE**  
**(AT COURTHOUSE SQUIRE)**  
**INVERNESS FL 32650**

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 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <del>SCUKA, R</del> <i>CSUKA, R</i> <input type="checkbox"/> Delete <b>12473 S ASTER PT</b> <i>12456 S. HYACINTH PT</i> <b>FLORAL CITY FL 34436</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <input checked="" type="checkbox"/> Delete <b>BARBARA JENNINGS</b> <b>12000 S. CANNA PT</b> <b>FLORAL CITY FL</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TREAS.</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>SEES, ELIZABETH A.</b> <b>12475 S. CANNA PT</b> <b>FLORAL CITY, FL 34436</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input checked="" type="checkbox"/> Delete <b>HART, C</b> <b>12480 S FERN PT</b> <b>FLORAL CITY FL 34436</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>BRADLEY, CHARLES</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>12028 S. FERN PT.</b> <b>FLORAL CITY, FL 34436</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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:** *ELIZABETH MARSEES*      *3-22-00*      *952-341-0906*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E037 (9/99)