

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90861 033 ****61.25

DOCUMENT # N15679

1. Entity Name
OAKBRIDGE OWNERS' ASSOCIATION NO. ONE, INC.

Principal Place of Business	Mailing Address
3604 HARDEN BLVD LAKELAND FL 33803 US	3604 HARDEN BLVD. LAKELAND FL 33803-5938 US

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

City & State	City & State
Zip	Country
Zip	Country

4. FEI Number **59-2875344** Applied For
 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

BARBER, RICHARD W
3604 HARDEN BLVD.
LAKELAND FL 33803

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** _____

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing **\$5.00 May Be Added to Fees**

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	VD <input type="checkbox"/> Delete
NAME	MARLOW, MARK L.
STREET ADDRESS	1950 STONEGATE DR. SUITE #150
CITY-ST-ZIP	VESTAVIA HILLS AL
TITLE	SD <input type="checkbox"/> Delete
NAME	LONG, WILLIAM B.
STREET ADDRESS	530 BEACON PARKWAY W
CITY-ST-ZIP	BIRMINGHAM AL
TITLE	PD <input type="checkbox"/> Delete
NAME	BARBER, RICHARD W
STREET ADDRESS	3604 HARDEN BLVD
CITY-ST-ZIP	LAKELAND FL 33803
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	THOM, JERI
STREET ADDRESS	3320 BRIDGEFIELD DR.
CITY-ST-ZIP	LAKELAND FL 33803
TITLE	SD <input type="checkbox"/> Delete
NAME	WALTERS, THOMAS W.
STREET ADDRESS	530 BEACON PKWY WEST
CITY-ST-ZIP	BIRMINGHAM AL
TITLE	T <input type="checkbox"/> Delete
NAME	CASO, GEORGINA A
STREET ADDRESS	3604 HARDEN BLVD
CITY-ST-ZIP	LAKELAND FL

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D SMELTZLY, HAL
STREET ADDRESS	815 WHITESTONE COURT
CITY-ST-ZIP	LAKELAND, FL 33803
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: Richard Barber **4/27/00** **800-677-1301**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **X223**

CR2E037 (9/99)