

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 15, 2000 8:00 am**  
**Secretary of State**

03-15-2000 90087 036 \*\*\*\*61.25

**DOCUMENT # N25584**

1. Entity Name

**OAKFAIR FARMS PROPERTY OWNER ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

~~% JOSEPH T. SCHENCK  
 2430 LAKEFAIR DR.  
 TALLAHASSEE FL 32311~~

~~% JOSEPH T. SCHENCK  
 2430 LAKEFAIR DR.  
 TALLAHASSEE FL 32311-8673~~

044000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

**DAVE ROLLINS**

**DAVE ROLLINS**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**9110 OAKFAIR DRIVE**

**9110 OAKFAIR DRIVE**

City & State

City & State

**TALLAHASSEE, FL**

**TALLAHASSEE, FL**

4. FEI Number

**59-3133861**

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

~~SCHENCK, JOSEPH T  
 2430 LAKEFAIR DR.  
 TALLAHASSEE, FL 32311~~

*I hereby resign as registered agent effective 1/1/00  
 Joseph T. Schenck*

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

*Dave Rollins*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**2-29-00**

**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	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
D	VOGIAS, CHRISTOPHER	2533 LAKEFAIR DR	TALLAHASSEE FL 32311	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
VP	FELICIANO, FRANK	LAKEFAIR DR	TALLAHASSEE FL 32311	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	CAMPBELL, WILBERT	9071 OAKFAIR DR	TALLAHASSEE FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
P	ROLLINS, DAVE	9110 OAKFAIR DR.	TALLAHASSEE FL 32311	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
T	LIGHTFOOT, TRACY S	9251 OAKFAIR DR.	TALLAHASSEE FL 32311	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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:

*Joseph T. Schenck*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/29/00**

Date

**671-0678**

Daytime Phone #