# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N31381

1. Entity Name

OAK COVE, INC.

**FILED**
**May 30, 2000 8:00 am**
**Secretary of State**
05-30-2000 90134 001 ***122.50

| Principal Place of Business | Mailing Address |
|---|---|
| 420 BAY AVENUE<br>CLEARWATER FL ~~34616~~ | 420 BAY AVENUE<br>CLEARWATER FL 33756-5291 |

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip 33756 Country | Zip Country |

4. FEI Number 59-3016707 ☐ 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 |
|---|---|
| MCHALE, GERARD A JR<br>1601 JACKSON ST<br>SUITE 200<br>FT MYERS FL 33901 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

| **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 | PD<br>MCHALE, GERARD A JR<br>1601 JACKSON ST #200<br>FT MYERS FL 33901 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | President<br>George Walmsley III<br>16th St. @ Girard Ave.<br>Philadelphia, PA 19130 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DS<br>GIBSON, JAMES<br>1150 EIGHTH AVE SW<br>LARGO FL 33770 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Secretary / Treasurer<br>Kenneth Coburn<br>3411 Palmira Ave.<br>Tampa FL 33629 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DT<br>VELASCO, DENNIS<br>8406 W GULF BLVD<br>TRUEASURE ISLAND FL 33706 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Assist. Secretary<br>Melvin Swedsen<br>210 Moccasin Trail N.<br>Jupiter, FL 33458 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Director<br>Gerald Francaski<br>915 Delaware St.<br>Forest City, PA 18421 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

CR2E037 (9/99)

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:** Gerald Francaski SIGNATURE REQUIRED May 25, 2000 813-839-5366
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #