

2000 UNIFORM BUSINESS REPORT (UBR)

5/3

FILED
Jul 05, 2000 8:00 am
Secretary of State

05-30-2000 90135 001 ***122.50

DOCUMENT # N31395

1. Entity Name

OAK BLUFFS, INC.

R

Principal Place of Business

Mailing Address

420 BAY AVENUE
 CLEARWATER FL 34616

420 BAY AVENUE
 CLEARWATER FL 33756-5291

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

59-3016385

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

MCMALE, GERARD A JR
 1801 JACKSON STREET
 SUITE 200
 FORT MYERS FL 33901

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

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	PD	<input checked="" type="checkbox"/> Delete
NAME	MCMALE, GERARD A JR	
STREET ADDRESS	1801 JACKSON STREET #200	
CITY-ST-ZIP	FORT MYERS FL 33901	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	GIBSON, JAMES	
STREET ADDRESS	1150 EIGHTH AVE. SW	
CITY-ST-ZIP	LARGO FL 33770	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	SPARKS, CHARLES	
STREET ADDRESS	11381 PROSPERITY FARMS RD	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	
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	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	George Walmsley III	
STREET ADDRESS	16th St. & Girard Ave.	
CITY-ST-ZIP	Philadelphia PA 19130	
TITLE	Secretary/Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kenneth Coburn	
STREET ADDRESS	3411 Palmyra Ave.	
CITY-ST-ZIP	Tampa FL 33629	
TITLE	Assistant Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Melvin Swendsen	
STREET ADDRESS	210 Moccasin Trail N.	
CITY-ST-ZIP	Sturtevant, FL 33458	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gerald Franciosi	
STREET ADDRESS	915 Delaware St	
CITY-ST-ZIP	Forest City, PA 18421	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 25, 2000

Date

Daytime Phone #

8138390366

CR2E037 (9/99)