## 2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with

## **FILED DOCUMENT # N31864** Apr 18, 2000 8:00 am Secretary of State 1. Entity Name OAK BLUFFS HOMEOWNERS' ASSOCIATION, INC. 04-18-2000 90175 002 \*\*\*\*61.25 Principal Place of Business Mailing Address % FRANK D. UPCHURCH. III % FRANK D. UPCHURCH. III 780 N. PONCE DE LEON BLVD P. O. DRAWER 3007 ST. AUGUSTINE FL 32085-3007 ST. AUGUSTINE FL 32084 US 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2947005 Not Applicable Country \$8,75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) UPCHURCH, FRANK D., III 780 N. PONCE DE LEON BLVD ST AUGUSTINE FL 32084 City 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) Make Check Payable to 9. Election Campaign Financing \$5.00 May Be **FILE NOW:** Trust Fund Contribution. Added to Fees **Department of State** FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 (A 11 M GOFFICERS AND DIRECTORS 10. 11. ☐ Addition TITLE ☐ Change ☐ Delete TITLE DIMARE, FRANK NAME NAME 3545 U.S. 1 SOUTH STREET ADDRESS STREET ADDRESS ST. AUGUSTINE FL CITY-ST-ZIP CITY-ST-71P ☐ Change Addition ☐ Delete TITLE TITLE ARNOLD, MIKE NAME NAME 4172 CREEKBLUFF DR. STREET ADDRESS STREET ADDRESS ST AUGUSTINE FL CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete Change TITLE TITLE WADSWORTH, LEWIS E., III NAME NAME 411 WOODBLUFF TERR STREET ADDRESS STREET ADDRESS ST. AUGUSTINE FL CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE upchurch, Frank D., III NAME 4148 CREEKBLUFF DR STREET ADDRESS STREET ADDRESS ST. AUGUSTINE FL CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE MCCARTY, A. OBIE NAME NAME 4112 CREEKBLUFF DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ST AUGUSTINE FL ☐ Addition ☐ Change TITLE ☐ Delete TITLE SHRADER, JOHN G. NAME NAME 4135 CREEKBLUFF DR STREET ADDRESS STREET ADDRESS ST AUGUSTINE FL CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 of 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