

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 31, 2000 8:00 am**  
**Secretary of State**

05-31-2000 90016 016 \*\*\*\*61.25

**DOCUMENT # N35346**

1. Entity Name

**OAK RIDGE ESTATES COMBINED PROPERTY OWNERS' ASSO**

Principal Place of Business

Mailing Address

19 HAMMONS RD  
 FROSTPROOF FL 33843  
 US

19 HAMMONS RD  
 FROSTPROOF FL 33843-9712  
 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

**NOT APPLICABLE**

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

7. Name and Address of New Registered Agent

**COFER, KEITH B.**  
**19 HAMMONS RD**  
**FROSTPROOF FL 33843**

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

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TITLE <input type="checkbox"/> Delete NAME <b>DPT</b> STREET ADDRESS <b>COFER, KEITH B.</b> CITY-ST-ZIP <b>19 HAMMONS RD</b> <b>FROSTPROOF FL</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____
TITLE <input type="checkbox"/> Delete NAME <b>D</b> STREET ADDRESS <b>RONALD FARRER</b> CITY-ST-ZIP <b>FARRER</b> <b>FROSTPROOF FL</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____
TITLE <input type="checkbox"/> Delete NAME <b>DV</b> STREET ADDRESS <b>MILLER, EDGAR M</b> CITY-ST-ZIP <b>21 HAMMONS RD</b> <b>FROSTPROOF FL</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____
TITLE <input type="checkbox"/> Delete NAME <b>S</b> STREET ADDRESS <b>COFER, SANDRA L.</b> CITY-ST-ZIP <b>19 HAMMONS RD</b> <b>FROSTPROOF FL</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____
TITLE <input type="checkbox"/> Delete NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____
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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: Keith B. Cofer Keith B. Cofer 4/30/00 863-635-2438  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)