

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 28, 2000 8:00 am**  
**Secretary of State**

02-28-2000 90190 050 \*\*\*\*61.25

**DOCUMENT # N35797**

1. Entity Name

**OAKRIDGE PROPERTY OWNERS AND RECREATIONAL ASSOCI**

Principal Place of Business

Mailing Address

P.O. BOX 476  
 HOLDER FL 34445  
 US

P.O. BOX 476  
 HOLDER FL 34445-0476  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3006599**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**HOWARD, BRIAN**  
**6202 N. MISTY OAK TERRACE**  
**BEVERLY HILLS FL 34465**

Name **JACK I. ANDERSON**

Street Address (P.O. Box Number is Not Acceptable)  
**15 W. BLUE SAGE CT.**

City **BEVERLY HILLS** FL Zip Code **34465**

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 *Jack I. Anderson*  
**JACK I. ANDERSON**

**2-16-00**

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	<b>P</b> <input checked="" type="checkbox"/> Delete
NAME	<b>HOWARD, BRIAN</b>
STREET ADDRESS	<b>6202 N. MISTY OAK TERRACE</b>
CITY-ST-ZIP	<b>BEVERLY HILLS FL 34465</b>
TITLE	<b>T</b> <input checked="" type="checkbox"/> Delete
NAME	<b>HERMANSON, ROBERT W</b>
STREET ADDRESS	<b>6170 N WHISPERING OAK LOOP</b>
CITY-ST-ZIP	<b>BEVERLY HILLS FL 34465</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>GLEED, JAMES</b>
STREET ADDRESS	<b>27 W BLUE SAGE CT</b>
CITY-ST-ZIP	<b>BEVERLY HILLS FL 34465</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> Delete
NAME	<b>DAVIS, BETTY</b>
STREET ADDRESS	<b>6315 N MISTY OAK TERR</b>
CITY-ST-ZIP	<b>BEVERLY HILLS FL 34465</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> Delete
NAME	<b>HENKEL, LOUISE</b>
STREET ADDRESS	<b>6279 N WHISPERING OAK LOOP</b>
CITY-ST-ZIP	<b>BEVERLY HILLS FL 34465</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<b>PRESIDENT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ARTHUR TREBON</b>
STREET ADDRESS	<b>76 W. HONEY PALM LOOP</b>
CITY-ST-ZIP	<b>BEVERLY HILLS, FL 34465</b>
TITLE	<b>TREASURER</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JACK I. ANDERSON</b>
STREET ADDRESS	<b>15 W. BLUE SAGE CT.</b>
CITY-ST-ZIP	<b>BEVERLY HILLS, FL 34465</b>
TITLE	<b>DIRECTOR</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DUANE TAYLOR</b>
STREET ADDRESS	<b>6165 N. WHISPERING OAK LOOP</b>
CITY-ST-ZIP	<b>BEVERLY HILLS, FL 34465</b>
TITLE	<b>DIRECTOR</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DOROTHEA MACKENZIE</b>
STREET ADDRESS	<b>6326 N. MISTY OAK TERRACE</b>
CITY-ST-ZIP	<b>BEVERLY HILLS, FL 34465</b>
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 another like empowered.

SIGNATURE: *Jack I. Anderson* **JACK I. ANDERSON** 2-16-00 352 465-1548

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)