

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90861 001 ****61.25

DOCUMENT # N38761

1. Entity Name

OAKBRIDGE OWNERS' ASSOCIATION NO. TWO, INC.

Principal Place of Business

Mailing Address

3604 HARDEN BLVD.
 LAKELAND FL 33803
 US

3604 HARDEN BLVD.
 LAKELAND FL 33803-5938
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3036752

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

BARBER, RICHARD W
3604 HARDEN BLVD.
LAKELAND FL 33803

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	VD	<input type="checkbox"/> Delete
NAME	MARLOW, MARK L.	
STREET ADDRESS	1950 STONEGATE DR. SUITE 150	
CITY-ST-ZIP	VESTAVIA HILLS AL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	LONG, WILLIAM B	
STREET ADDRESS	530 BEACON PKWY W.	
CITY-ST-ZIP	BIRMINGHAM AL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	BARBER, RICHARD W	
STREET ADDRESS	3604 HARDEN BLVD.	
CITY-ST-ZIP	LAKELAND FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	LASO, GEORGINA A	
STREET ADDRESS	528 HARDENOAK BLVD.	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE	D	<input type="checkbox"/> Delete
NAME	CAMPBELL, STEVE	
STREET ADDRESS	2936 GRASSLANDS DR.	
CITY-ST-ZIP	LAKELAND FL 33803	
TITLE	SD	<input type="checkbox"/> Delete
NAME	WALTERS, THOMAS W.	
STREET ADDRESS	530 BEACON PKWY W.	
CITY-ST-ZIP	BIRMINGHAM AL	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CONNOR, TOM	
STREET ADDRESS	3005 SHOAL CREEK VILLAGE DR	
CITY-ST-ZIP	LAKELAND, FL 33803	
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		
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)(f), 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 equipment.

SIGNATURE: *RICHARD W. BARBER*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/00

800-677-1301
 X223

Date Daytime Phone #

CR2E037 (9/99)