

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 26, 2000 8:00 am**  
**Secretary of State**

01-26-2000 90094 047 \*\*\*\*61.25

**DOCUMENT # N42101**

1. Entity Name

**OAKBROOKE ESTATES HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

7512 OAKBROOK DR  
 ZEPHYRHILLS FL 33540  
 US

7512 OAKBROOK DR  
 ZEPHYRHILLS FL 33540-1966  
 US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

**NOT APPLICABLE**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

LAIL, CHARLES  
 7524 OAKBROOKE DR  
 ZEPHYRHILLS FL 33540

Name

**HEYL, FRED**

Street Address (P.O. Box Number is Not Acceptable)

**7578 OAKBROOK DR**

City

**ZEPHYRHILLS**

FL

Zip Code

**33540**

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

TITLE	PSD	<input checked="" type="checkbox"/> Delete
NAME	LAIL, CHARLES	
STREET ADDRESS	7524 OAKBROOK DR	
CITY-ST-ZIP	ZEPHYRHILLS FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HEYL, FRED	
STREET ADDRESS	7578 OAKBROOK DR	
CITY-ST-ZIP	ZEPHYRHILLS FL 33540	
TITLE	D	<input type="checkbox"/> Delete
NAME	BARNETT, BEVERLY	
STREET ADDRESS	5912 7TH STREET	
CITY-ST-ZIP	ZEPHYRHILLS FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	CHUANCY, GERRI	
STREET ADDRESS	7536 OAKBROOK DR	
CITY-ST-ZIP	ZEPHYRHILLS FL	
TITLE	DT	<input type="checkbox"/> Delete
NAME	STUTT, DAVID	
STREET ADDRESS	7512 OAKBROOK DRIVE	
CITY-ST-ZIP	ZEPHYRHILLS FL 33540	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Odom, John	
STREET ADDRESS	7524 OAKBROOK DR	
CITY-ST-ZIP	ZEPHYRHILLS	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GEMARCO, CARL JR	
STREET ADDRESS	7536 OAKBROOK DR	
CITY-ST-ZIP	ZEPHYRHILLS, FL	
TITLE	PSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEYL, FRED	
STREET ADDRESS	7578 OAKBROOK DR	
CITY-ST-ZIP	ZEPHYRHILLS, FL	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHUANCY, GERRI	
STREET ADDRESS	7532 OAKBROOK DR	
CITY-ST-ZIP	ZEPHYRHILLS, FL	
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* **REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/00 Date 813 788 1064 Daytime Phone #