

**2000 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N96000002098

1. Entity Name

OAK CREST ESTATES ASSOCIATION, INC.

**FILED**  
**Mar 06, 2000 8:00 am**  
**Secretary of State**

03-06-2000 90101 017 \*\*\*\*61.25

Principal Place of Business

6901 OAK CREST WAY  
 ZEPHYRHILLS FL 33540  
 US

Mailing Address

6901 OAK CREST WAY  
 ZEPHYRHILLS FL 33540-1695  
 US

2. Principal Place of Business

6851 Oak Crest Way

3. Mailing Address

6851 Oak Crest Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
 Zephyrhills, FL

City & State  
 Zephyrhills, FL

4. FEI Number  
 59-3375527

Applied For  
 Not Applicable

Zip Country  
 33540 Pasco

Zip Country  
 33540 Pasco

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

JOHNSON, LEONARD H  
 37837 MERIDIAN AVENUE STE 314  
 DADE CITY FL 33525

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  \$5.00 May Be Added to Fees  
 Trust Fund Contribution.

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	ENGEL, JAMES F	
STREET ADDRESS	6901 OAKCREST WAY	
CITY-ST-ZIP	ZEPHYRHILLS FL 33540	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	ENGEL, WANDA I	
STREET ADDRESS	6901 OAK CREST WAY	
CITY-ST-ZIP	ZEPHYRHILLS FL 33540	
TITLE	D	<input type="checkbox"/> Delete
NAME	BURGESS, KEN	
STREET ADDRESS	6845 OAK CREST WAY	
CITY-ST-ZIP	ZEPHYRHILLS FL 33540	
TITLE	D	<input type="checkbox"/> Delete
NAME	MILLER, JERRY	
STREET ADDRESS	38712 EVELYN LANE	
CITY-ST-ZIP	ZEPHYRHILLS FL 33540	
TITLE	D	<input type="checkbox"/> Delete
NAME	SHAFFER, BRADY	
STREET ADDRESS	28635 EVELYN LANE	
CITY-ST-ZIP	ZEPHYRHILLS FL 33540	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	HEIGHTMAN, JERRY	
STREET ADDRESS	38634 EVELYN LANE	
CITY-ST-ZIP	ZEPHYRHILLS FL 33540	

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jerry Heinzman	
STREET ADDRESS	38634 Evelyn Lane	
CITY-ST-ZIP	Zephyrhills, FL 33540	
TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hazel E. Spero	
STREET ADDRESS	6851 Oak Crest Way	
CITY-ST-ZIP	Zephyrhills, FL 33540	
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	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	James F. Engel	
STREET ADDRESS	6901 Oak Crest Way	
CITY-ST-ZIP	Zephyrhills, FL 33540	

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: *Hazel E. Spero* HAZEL E. SPERO  
 SECRETARY - TREASURER 3/04/00 813/788-6812  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)