

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 13, 2001 8:00 am**  
**Secretary of State**

0056747

**DOCUMENT # N96000002098**

1. Entity Name

**OAK CREST ESTATES ASSOCIATION, INC.**

03-13-2001 90062 038 \*\*\*\*61.25

Principal Place of Business

Mailing Address

6851 OAK CREST WAY  
 ZEPHYRHILLS FL 33540  
 US

6851 OAK CREST WAY  
 ZEPHYRHILLS FL 33540  
 US

J O U R N A L



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3375527**

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

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	P	<input type="checkbox"/> Delete
NAME	HEINZMAN, JERRY	
STREET ADDRESS	38634 EVELYN LANE	
CITY-ST-ZIP	ZEPHYRHILLS FL 33540	
TITLE	ST	<input type="checkbox"/> Delete
NAME	SPERO, HAZEL E	
STREET ADDRESS	6851 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 checked="" type="checkbox"/> Delete
NAME	MILLER, JERRY	
STREET ADDRESS	38712 EVELYN LANE	
CITY-ST-ZIP	ZEPHYRHILLS FL 33540	
TITLE	D	<input checked="" 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	ENGEL, JAMES F	
STREET ADDRESS	6901 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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Stoy Daume	
STREET ADDRESS	6911 Oak Crest Way	
CITY-ST-ZIP	Zephyrhills, FL 33540	
TITLE	L	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Robert Rothgeb	
STREET ADDRESS	6920 Oak Crest Way	
CITY-ST-ZIP	Zephyrhills, FL 33540	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Brad Sanderson	
STREET ADDRESS	6903 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** 03/08/01 813/788-6812  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)