

2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 27, 2002 8:00 am**  
**Secretary of State**

03-27-2002 90068 047 \*\*\*150.00

03/27/02

**DOCUMENT # P01000040824**

1. Entity Name  
**OAK CREST HOMES, INC.**

Principal Place of Business: **4144 N. ARMENIA AVE., STE. 300 TAMPA FL 33607**

Mailing Address: **4144 N. ARMENIA AVE., STE. 300 TAMPA FL 33607**

**B0051854**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: **27610 Sky Lake Circle**

3. Mailing Address: **27610 Sky Lake Circle**

City & State: **Wesley Chapel, FL**

Zip: **33543** Country: **U.S.A.**

4. FEI Number: **59-3720782**

Applied For:  Not Applicable

5. Certificate of Status Desired:  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**BACCARELLA, DOMINIC J**  
**4144 N. ARMENIA AVE., STE. 300**  
**TAMPA FL 33607**

7. Name and Address of New Registered Agent

Name: **Stephen R. Mangione**

Street Address (P.O. Box Number is Not Acceptable): **27610 Sky Lake Circle**

City: **Wesley Chapel, FL** Zip Code: **33543**

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: *Stephen R. Mangione*, **Stephen R. Mangione Co-President** 3/14/2002

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

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

11. OFFICERS AND DIRECTORS

TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>HALL, JEFFREY A</b>
STREET ADDRESS	<b>4718 PRESTON WOODS DR.</b>
CITY-ST-ZIP	<b>VALRICO FL 33594</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>MANGIONE, STEPHEN R</b>
STREET ADDRESS	<b>19137 GOLDEN CACoon PLACE</b>
CITY-ST-ZIP	<b>LUTZ FL 33549</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<b>27610 Sky Lake Circle</b>
CITY-ST-ZIP	<b>Wesley Chapel, FL 33543</b>
TITLE	<input checked="" 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	

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Stephen R. Mangione* Date: **3/14/2002** (813) 907-1312

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)