

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 21, 2000 8:00 am**  
**Secretary of State**

07-21-2000 90159 041 \*\*\*\*61.25

**DOCUMENT # 725195**  
 1. Entity Name  
**LIVE OAK VILLAGE CONDOMINIUM, INC.**

Principal Place of Business      Mailing Address  
 531 A MIDWAY DRIVE      531 A MIDWAY DRIVE  
 Ocala FL 34472      Ocala FL 32672  
 US

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 City & State      City & State

4. FEI Number      Applied For  
**59-1525238**      Not Applicable

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

Zip      Country      Zip      Country  
**34472**      **MARION**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**LAPOINTE, JOSEPH W**  
**602-B MIDWAY DR**  
**OCALA FL 34472**

7. Name and Address of New Registered Agent  
 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**  
**After September 13, 2000 min. will be \$236.25**

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	PD	<input type="checkbox"/> Delete
NAME	LAPOINTE, JOSEPH W	
STREET ADDRESS	602-B MIDWAY DRIVE	
CITY-ST-ZIP	OCALA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HENNEL, WILLARD J.	
STREET ADDRESS	570-B MIDWAY DR	
CITY-ST-ZIP	OCALA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	TAYLOR, GEORGE	
STREET ADDRESS	597-A MIDWAY DRIVE	
CITY-ST-ZIP	OCALA FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	RIDGEWAY, EDWARD E	
STREET ADDRESS	558-A MIDWAY DR	
CITY-ST-ZIP	OCALA FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	SIMMONS, ROBERT	
STREET ADDRESS	459-A MIDWAY DRIVE	
CITY-ST-ZIP	OCALA FL 34472	
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 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		<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: Joseph W. Lapointe      Date: 7/19/20      Daytime Phone #: 352-687-4777  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (5/00)