

# 2001 UNIFORM BUSINESS REPORT (UBR)

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

0024900

**DOCUMENT # 729183**

1. Entity Name

**SPREADING OAK VILLAGE, INC.**

04-13-2001 90013 046 \*\*\*\*61.25

Principal Place of Business

Mailing Address

**444 W. NEW ENGLAND AVE.  
 STE B  
 WINTER PARK FL 32789  
 US**

**444 W. NEW ENGLAND AVE  
 STE B  
 WINTER APRK FL 32789  
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1579288**

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

**MALCOM, THOMAS D.  
 444 W. NEW ENGLAND AVE  
 STE B  
 WINTER PARK FL 32789**

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 \_\_\_\_\_

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	ALLISON, JEAN	
STREET ADDRESS	120 AUTUMN DR	
CITY-ST-ZIP	LONGWOOD FL 32779	
TITLE	PD	<input type="checkbox"/> Delete
NAME	BARNETT, JOAN	
STREET ADDRESS	100 CEDAR POINT LANE	
CITY-ST-ZIP	LONGWOOD FL 32779	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HUMKE, ROGER	
STREET ADDRESS	112 AUTUMN DR	
CITY-ST-ZIP	LONGWOOD FL	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	ARO, WANDA	
STREET ADDRESS	107 AUTUMN DR	
CITY-ST-ZIP	LONGWOOD FL 32779	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Chapkis, Norman	
STREET ADDRESS	104 Cedar Point Lane	
CITY-ST-ZIP	Longwood, FL 32779	
TITLE	S/TKD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Barnett, Joan	
STREET ADDRESS	100 Cedar Point Lane	
CITY-ST-ZIP	Longwood, FL 32779	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARO, Wanda-Jaye	
STREET ADDRESS	107 Autumn Drive	
CITY-ST-ZIP	Longwood, FL 32779	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Peterson, SCOTT	
STREET ADDRESS	101 Butternut Lane	
CITY-ST-ZIP	Longwood, FL 32779	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Tillmann, William	
STREET ADDRESS	103 Butternut Lane	
CITY-ST-ZIP	Longwood, FL 32779	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** *Norman Chapkis* Norman Chapkis 367101 407-647-2622  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)