

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 27, 2001 8:00 am**  
**Secretary of State**  
 04-27-2001 90346 015 \*\*\*\*61.25

0000981

**DOCUMENT # 729565**  
 1. Entity Name \*  
**OAK PARK TERRACE, INC.**

Principal Place of Business      Mailing Address  
**400 18TH STREET**      **400 18TH STREET**  
**VERO BEACH FL 32960**      **VERO BEACH FL 32960**

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



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-1652725**      Applied For  
 Not Applicable  
 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  
**HEAGEY, CARL**  
**400 18TH ST, VILLA 1**  
**VERO BEACH FL 32960**  
 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 *Carl Heagey*      **4-19-01**  
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 NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>HEARGEY, CARL</b> <b>400 18TH ST</b> <b>VERO BCH FL 32960</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Toni Hunt</b> <b>400 18th St. V3</b> <b>VERO Beach, FL</b> <b>32960</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>SLEAFORD, SUSAN</b> <b>400 18TH ST., 03</b> <b>VERO BEACH FL 32960</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V F</b> <b>Black, Margaret</b> <b>400 18th St D3</b> <b>VERO Beach, FL. 32960</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>WILLIAMSON, JEAN</b> <b>400 18TH ST., P4</b> <b>VERO BCH FL 32960</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>PEIRCE, GISELLA</b> <b>400 18TH ST., 02</b> <b>VERO BCH FL 32960</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SHACKLETON, JANET</b> <b>400 18TH ST., L14</b> <b>VERO BEACH FL 32960</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>WRIGHT, Sandra</b> <b>400 18th St. K6</b> <b>VERO Beach,</b> <b>FL. 32960</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>VAUGHN, DONALD</b> <b>400 18TH ST., C4</b> <b>VERO BEACH FL 32960</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Thomas Melchione</b> <b>400 18th St. E T</b> <b>VERO Beach, FL. 32960</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Carl F. Heagey*      **04-19-01**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E037 (10/00)