

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 03, 2002 8:00 am**  
**Secretary of State**

04-03-2002 90011 005 \*\*\*\*61.25

0015041

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

Principal Place of Business <b>400 18TH STREET VERO BEACH FL 32960</b>	Mailing Address <b>400 18TH STREET VERO BEACH FL 32960</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

4. FEI Number **59-1652725** Applied For  Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**HEAGEY, CARL  
400 18TH ST, VILLA 1  
VERO BEACH FL 32960**

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: *Carl Heagey* (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

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>HEARGEY, CARL</b>	
STREET ADDRESS	<b>400 18TH ST</b>	
CITY-ST-ZIP	<b>VERO BCH FL 32960</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>BLACK, MARGRET</b>	
STREET ADDRESS	<b>400 18TH ST D-3</b>	
CITY-ST-ZIP	<b>VERO BEACH FL 32960</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>WILLIAMSON, JEAN</b>	
STREET ADDRESS	<b>400 18TH ST., P4</b>	
CITY-ST-ZIP	<b>VERO BCH FL 32960</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>PEIRCE, GISELLA</b>	
STREET ADDRESS	<b>400 18TH ST., 02</b>	
CITY-ST-ZIP	<b>VERO BCH FL 32960</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>WRIGHT, SANDRA</b>	
STREET ADDRESS	<b>400 18TH ST K-6</b>	
CITY-ST-ZIP	<b>VERO BEACH FL 32960</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>THOMAS, MELCHIONNE</b>	
STREET ADDRESS	<b>400 18TH ST E-7</b>	
CITY-ST-ZIP	<b>VERO BEACH FL 32960</b>	

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: *Carl Heagey* **FORWARDED** 03-29-02 772-569-6155

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)