

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2001 8:00 am
Secretary of State

0002746

DOCUMENT # 739497

1. Entity Name

THE OAK DOORS, INC., A CONDOMINIUM

Principal Place of Business

Mailing Address

**301 87TH AVE.
ST PETE BCH FL 33706
US**

**C/O QUALITY MGMT. SERVICE
PO BOX 66245
ST PETE BEACH FL 33736**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2262963

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

**SCHNOOR, FRANK
C/O QUALITY MGMT SERV.
7217 GULF BLVD. STE 6
ST PETE BCH. FL 33706**

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 ☐ Delete
NAME **DS**
STREET ADDRESS **DUFFY, ELIZABETH**
CITY-ST-ZIP **301 87TH AVE. UNIT #105
SAINT PETERSBURG FL 33706**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **KASLAS, STANLEY**
CITY-ST-ZIP **301 87TH AVE, #304
ST PETERSBURG BCH FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Delete
NAME **DP**
STREET ADDRESS **WILLIAMS, JEAN**
CITY-ST-ZIP **301 87TH AVE. #102
ST. PETERSBURG BEACH FL 33706**

TITLE ☐ Change ☒ Addition
NAME **DV**
STREET ADDRESS **Stave, Jonathan**
CITY-ST-ZIP **301 87th Ave. Unit #101
St. Pete Beach, FL: 33706**

TITLE ☐ Delete
NAME **DT**
STREET ADDRESS **WOOD, JOANNE**
CITY-ST-ZIP **301 87TH AVE #206
ST. PETERSBURG BEACH FL 33706**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **FERRITER, BARBARA**
CITY-ST-ZIP **301 87TH AVE. #106
SAINT PETERSBURG BEACH FL 33706**

TITLE ☒ Change ☐ Addition
NAME **DP**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: _____

ELIZABETH DUFFY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)