

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 748848

1. Entity Name

THE OAKS UNIT I CONDOMINIUM ASSOCIATION, INC.

**FILED**  
Feb 02, 2000 8:00 am  
Secretary of State

02-02-2000 90033 039 \*\*\*\*61.25

Principal Place of Business      Mailing Address

% THE VANGUARD MANAGEMENT GROUP      % THE VANGUARD MANAGEMENT GROUP  
8755-TEMPLE TERRACE HWY      8755-TEMPLE TERRACE HWY  
TEMPLE TERRACE FL 33637      TEMPLE TERRACE FL 33637-6729  
US      US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 9300 N. 16 ST. TAMPA, FL 33612		3. Mailing Address Same	
City & State		City & State	
Zip	Country	Zip	Country
33612	US		
4. FEI Number 59-1993618		Applied For Not Applicable	
5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MOYER, BOB %THE VANGUARD MANAGEMENT GROUP 8755-TEMPLE TERRACE HWY TEMPLE TERRACE FL 33637		7. Name and Address of New Registered Agent Name: MOYER, BOB Street Address (P.O. Box Number is Not Acceptable): 9300 N. 16 ST. City: TAMPA FL Zip Code: 33612	
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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]* Agent Bob Moyer 1-25-00  
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	PD WEST, RANDALL 14100 N 46TH ST #107A TAMPA FL 33613 <input checked="" 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	STD WARRINGTON, KAREN 4411 SHADY TERRACE LANE #106 TAMPA FL 33613 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V81D <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	A MOYER, ROBERT 8755-TEMPLE TERR HWY TEMPLE TERRACE FL 33637 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	9300 N. 16 ST. TAMPA, FL 33612 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SIT/D LOCK, DON 4411 SHADY TERR. LANE, #104 TAMPA, FL 33613 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PID GRAY, JOHN WM. 4411 SHADY TERR. LANE, #209 TAMPA, FL 33613 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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: *[Signature]* Agent RECD 25-00  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)