

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 760078

1. Entity Name

THE OAKS UNIT III CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

7628 N. 56TH ST
SUITE 8
TAMPA FL 33617
US

Mailing Address

7628 N. 56TH ST
SUITE 8
TAMPA FL 33617-7732
US

2. Principal Place of Business

VANGUARD MANAGEMENT

3. Mailing Address

None

Suite, Apt. #, etc.

Suite, Apt. #, etc.

9300 N. 16th ST.

City & State

TAMPA FL

City & State

Zip

Country

33612 US

Zip

Country

4. FEI Number

59-2267880

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SPIVEY, WILLIAM C.
C/O WISE PROPERTY MGMT.
7628 N. 56TH #8
TAMPA FL 33617

7. Name and Address of New Registered Agent

Name BOB MOYER

Street Address (P.O. Box Number is Not Acceptable)

C/O VANGUARD MGMT.
9300 N. 16th ST.

City

TAMPA

FL

Zip Code

33612

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

TITLE	SD	<input type="checkbox"/> Delete
NAME	BARONE, CAROLE	
STREET ADDRESS	4209 WINDING MOSS TRAIL #106	
CITY-ST-ZIP	TAMPA FL 33613	
TITLE	PD	<input type="checkbox"/> Delete
NAME	GUNTHERBERG, C E	
STREET ADDRESS	4207 WINDING MOSS TRAIL #101	
CITY-ST-ZIP	TAMPA FL 33613	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	FINE, KIMBERLY	
STREET ADDRESS	4207 WINDING MOSS TRAIL #102	
CITY-ST-ZIP	TAMPA FL 33613	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	9607 TOWANDA LANE	
CITY-ST-ZIP	PORT RICHEY, FL 34668	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BURCH, VALERIE	
STREET ADDRESS	4209 WINDING MOSS TRAIL #105	
CITY-ST-ZIP	TAMPA, FL 33613	
TITLE	AGENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MOYER, BOB	
STREET ADDRESS	9300 N. 16 ST.	
CITY-ST-ZIP	TAMPA, FL 33612	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Mar 14, 2000 8:00 am
Secretary of State

03-14-2000 90139 001 ****30.63

03-14-2000 90139 002 ****30.62



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)