

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 771298

1. Entity Name  
THE OAKS UNIT VI CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Apr 17, 2000 8:00 am**  
**Secretary of State**

04-17-2000 90110 003 \*\*\*\*70.00

Principal Place of Business

Mailing Address

7628 N 56TH STREET  
SUITE 8  
TAMPA FL 33617  
US

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2388430

Applied For

Not Applicable

Zip

Country

Zip

Country

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

SPIVEY, WILLIAM C  
7628 N 56TH STREET  
SUITE 8  
TAMPA FL 33617

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: SD  
NAME: BALDWIN, JOLENE  
STREET ADDRESS: 14313 HANGING MOSS CIR #201  
CITY-ST-ZIP: TAMPA FL 33613 ☒ Delete

TITLE: TD  
NAME: GEORGE PHILLIPS  
STREET ADDRESS: 14313 HANGING MOSS CIR #202  
CITY-ST-ZIP: TAMPA FL 33613 ☐ Change ☒ Addition

TITLE: PD  
NAME: WEILL, LORNA A  
STREET ADDRESS: 4459 VIEUX CARRIE CIR  
CITY-ST-ZIP: TAMPA FL 33613 ☒ Delete

TITLE: SD  
NAME: PATRICIA PHILLIPS  
STREET ADDRESS: 14313 HANGING MOSS CIR #202  
CITY-ST-ZIP: TAMPA FL 33613 ☐ Change ☒ Addition

TITLE: TD  
NAME: RAY, BRENDA  
STREET ADDRESS: 14319 HANGING MOSS CIR #202  
CITY-ST-ZIP: TAMPA FL 33613 ☐ Delete

TITLE: PD  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:   
☒ Change ☐ Addition

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:   
☐ Delete

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

TITLE:   
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☐ Change ☐ Addition

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NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:   
☐ Change ☐ 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:

BRENDA S. RAY  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)