

# 2001 UNIFORM BUSINESS REPORT (UBR)

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

04-24-2001 90286 050 \*\*\*\*70.00

0059575

**DOCUMENT # 771298**

1. Entity Name

**THE OAKS UNIT VI CONDOMINIUM ASSOCIATION, INC.**

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  
 US

2. Principal Place of Business

16105 N. FLORIDA

3. Mailing Address

16105 N. FLORIDA

Suite, Apt. #, etc.

SUITE A

Suite, Apt. #, etc.

SUITE A

City & State

LUTZ FL

City & State

LUTZ FL

Zip

33549

Country

FLORIDA

Zip

33549

Country

FLORIDA

6. Name and Address of Current Registered Agent

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

4. FEI Number

59-2388430

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

Name

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

16105 N. FLORIDA

SUITE A

City

LUTZ

FL

Zip Code

33549

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  
 NAME PHILLIPS, PATRICIA ☐ Delete  
 STREET ADDRESS 14313 HANGING MOSS CIR #201  
 CITY-ST-ZIP TAMPA FL 33613

TITLE TD  
 NAME PHILLIPS, GEORGE ☐ Delete  
 STREET ADDRESS 14313 HANGING MOSS CIR #202  
 CITY-ST-ZIP TAMPA FL 33613

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

TITLE ☐ Change ☐ Addition  
 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 information required.

SIGNATURE:

SIGNATURE OF BRENDA S. RAY

4/6/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)