

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L36933

1. Entity Name

SEVEN OAKS, INC.

FILED
Feb 26, 2000 8:00 am
Secretary of State

02-26-2000 90047 036 ***150.00

Principal Place of Business 15877 CTY RD 565A CLERMONT FL 34712 US	Mailing Address P.O. BOX 121312 CLERMONT FL 34712-1312
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2988857		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 MARRA, JOSEPH J SR 15877 CR 565-A CLERMONT FL 34711	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EPPS, ARNOLD L PO BOX 485 N/A GROVELAND FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAURANNA B. TURNER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition PO BOX 120595 CLERMONT, FL 34712
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HEISNER, JAMES R PO BOX 121314 N/A CLERMONT FL 34712 <input 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	D MAINES, FRANK L PO BOX 121334 N/A CLERMONT FL 34711 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	NOTE - NEW DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition JOAN V. DIETRICH (NOT DELETING ANY OTHER) PO BOX 120091 CLERMONT, FL 34712
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MARRA, JOSEPH J SR PO BOX 120595 N/A CLERMONT FL 34712 <input 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	D MCGUIRE, HAROLD E PO BOX 121254 N/A CLERMONT FL 34712 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOELLEN CONDELL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 626 LONG POND RD PLYMOUTH, MA. 02360
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCFARLAND, RALPH E JR PO BOX 846 N/A CLERMONT FL 34712 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NICHOLAS MARRA <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition PO BOX 120698 CLERMONT, FL 34712

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Joseph J. Marra* **JOSEPH J. MARRA SR** Date **2/17/2000** Daytime Phone # **352-394-7780**

CR2E034 (9/99)