

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2001 8:00 am
Secretary of State

02-13-2001 90037 003 ***150.00

DOCUMENT # L36933

1. Entity Name
SEVEN OAKS, INC.

Principal Place of Business

15877 CTY RD 565A
 CLERMONT FL 34712
 US

Mailing Address

P.O. BOX 121312
 CLERMONT FL 34712

00016798



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2988857**

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

MARRA, JOSEPH J SR
 15877 CR 565-A
 CLERMONT FL 34711

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Delete
D
TURNER, LAURANNE
 STREET ADDRESS
PO BOX 120595
 CITY-ST-ZIP
CLERMONT FL 34712

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

TITLE NAME ☐ Delete
STD
HEISNER, JAMES R
 STREET ADDRESS
PO BOX 121314 N/A
 CITY-ST-ZIP
CLERMONT FL 34712

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

TITLE NAME ☐ Delete
D
MAINES, FRANK L
 STREET ADDRESS
PO BOX 121334 N/A
 CITY-ST-ZIP
CLERMONT FL 34711

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

TITLE NAME ☐ Delete
PD
MARRA, JOSEPH J SR
 STREET ADDRESS
PO BOX 120595 N/A
 CITY-ST-ZIP
CLERMONT FL 34712

TITLE NAME ☐ Change ☒ Addition
D
JOAN DIETRICH
 STREET ADDRESS
PO Box 120091
 CITY-ST-ZIP
CLERMONT, FL 34712

TITLE NAME ☐ Delete
D
CONDELL, JOELLEN
 STREET ADDRESS
626 LONG POND RD
 CITY-ST-ZIP
PLYMOUTH MA 02360

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

TITLE NAME ☐ Delete
D
MARRA, NICHOLAS
 STREET ADDRESS
PO BOX 120698
 CITY-ST-ZIP
CLERMONT FL 34712

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

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:

James R. Heisner **JAMES R. HEISNER**

2-7-01 352-394-5144

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (10/00)

0557831