

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90111 004 ****61.25

DOCUMENT # N00000001338

1. Entity Name

THE CEDARS AT WOODRIDGE, INC.

Principal Place of Business

Mailing Address

5695 BEGGS RD
 SUITE B-300
 ORLANDO FL 32810

5695 BEGGS RD
 SUITE B-300
 ORLANDO FL 32810

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

SUITE B-100

Suite, Apt. #, etc.

SUITE B-100

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3640667

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THORNTON, HARKLEY R ESQ
5695 BEGGS RD
SUITE B-100
ORLANDO FL 32810

Name **Theresa Sutherland**

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

5695 Beggs Road

SUITE B-100

City **Orlando**

FL

Zip Code **32810**

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

TERESA SUTHERLAND *Theresa Sutherland*

4-23-02

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	OXLEY, PAUL	3038 MICHIGAN AVE.	KISSIMEE FL 34744	<input type="checkbox"/>
TD	MARKS, ROBERT R	3109 FAIRFIELD DR.	KISSIMEE FL 34743	<input type="checkbox"/>
SD	OXLEY, LINDSEY M	3038 MICHIGAN AVE.	KISSIMEE FL 34744	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

Paul Oxley
PAUL OXLEY

407-296-0411

4-23-02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Designation

CRE037 (9/01)