

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90017 027 ****61.25

DOCUMENT # N00000005179

1. Entity Name

OASIS RANCH, INC.

Principal Place of Business

**4161 NORTHWEST 43RD STREET
 COCONUT CREEK FL 33073**

Mailing Address

**4161 NORTHWEST 43RD STREET
 COCONUT CREEK FL 33073**

550027



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

65-1033320

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

**PIZZARELLO, ELIZABETH L
 4161 NORTHWEST 43RD STREET
 COCONUT CREEK FL 33073**

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	D <input type="checkbox"/> Delete
NAME	PIZZARELLO, ELIZABETH L
STREET ADDRESS	4161 NORTHWEST 43RD STREET
CITY-ST-ZIP	COCONUT CREEK FL 33073
TITLE	D <input type="checkbox"/> Delete
NAME	BOVIN, WILLIAM
STREET ADDRESS	4161 NORTHWEST 43RD STREET
CITY-ST-ZIP	COCONUT CREEK FL 33073
TITLE	D <input type="checkbox"/> Delete
NAME	KEISER, ARTHUR DR.
STREET ADDRESS	C/O KEISER COLLEGE 1500 N.W. 49TH STREET
CITY-ST-ZIP	DEERFIELD BEACH FL 33442
TITLE	D <input type="checkbox"/> Delete
NAME	MCKENZIE, KATHY
STREET ADDRESS	C/O BELL SOUTH 6451 N. FEDERAL HWY. #113
CITY-ST-ZIP	FORT LAUDERDALE FL 33308
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Keiser, Belinda
STREET ADDRESS	C/O Keiser College 1500 NW 49th St
CITY-ST-ZIP	Fort Lauderdale, FL 33442
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 like empowered.

SIGNATURE: **Elizabeth Pizzarello**

7/28/01

954-984-8362

CR2E037 (10/00)