

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**


**FILED**  
**Aug 20, 2003 8:00 am**  
**Secretary of State**

08-20-2003 90047 026 \*\*\*\*61.25

0014783

**DOCUMENT # N01000008236**

1. Entity Name  
**OAKES ESTATES ADVISORY, INC.**



Principal Place of Business      Mailing Address

**PO BOX 111046  
NAPLES FL 34108**      **PO BOX 111046  
NAPLES FL 34108**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number **59-3576630**      Applied For  
Not Applicable

5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**KIRK, BRIAN J  
61 ERIE DRIVE  
NAPLES FL 34110**

7. Name and Address of New Registered Agent

Name **DENTON BAKER CPA**

Street Address (P.O. Box Number is Not Acceptable)  
**5640 10TH AVE NW**

City **NAPLES**      FL **34119**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *[Signature]* **Baker CPA Treasurer**      DATE: **8-13-03**

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**  
**After September 10, 2003, min will be \$236.25**

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

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	KIRK, BRIAN J	
STREET ADDRESS	61 ERIE DRIVE	
CITY-ST-ZIP	NAPLES FL 34110	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	WALKER, BOB	
STREET ADDRESS	2121 OAKES BLVD	
CITY-ST-ZIP	NAPLES FL 34119	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	STERRETT, JERRY	
STREET ADDRESS	1570 OAKES BLVD.	
CITY-ST-ZIP	NAPLES FL 34119	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	WHELOCK, KEN	
STREET ADDRESS	5860 18TH AVE NW	
CITY-ST-ZIP	NAPLES FL 34119	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KARL FRY	
STREET ADDRESS	6090 22ND AVE NW	
CITY-ST-ZIP	NAPLES, FL 34119	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARK SMITH	
STREET ADDRESS	5921 18TH AVE NW	
CITY-ST-ZIP	NAPLES, FL 34119	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIANE CORBETT	
STREET ADDRESS	5780 24TH AVE NW	
CITY-ST-ZIP	NAPLES, FL 34119	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DENTON BAKER	
STREET ADDRESS	5640 10TH AVE NW	
CITY-ST-ZIP	NAPLES, FL 34119	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS	SEE ATTACHED FOR OTHER DIRECTORS	
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: *[Signature]* **DENTON BAKER TREASUROR 8-13-03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date: **8-13-03**

CR2E037 (4/03)

attachment

80139087

#N01000008234

DIRECTORS FOR OAKES ESTATES ADVISORY, INC.  
AS OF 13 AUGUST 2003

Bob Walker (D)  
2121 Oakes Blvd.  
Naples, FL 34119

Debbie Mosher (D)  
6181 14<sup>th</sup> Ave NW  
Naples, FL 34119

Jim Rice (D)  
1990 Oakes Blvd.  
Naples, FL 34119

Chuck Cannaday  
1115 Oakes Blvd.  
Naples, FL 34119

Robert Corbett,  
5680 24<sup>th</sup> Ave NW  
Naples, FL 34119

Tim Lee (D)  
5850 10<sup>th</sup> Ave NW  
Naples, FL 34116

Ray Russell (D)  
6121 12<sup>th</sup> Ave NW  
Naples, FL 34119