

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N29643

(6)

1. Entity Name

OAK FORD GOLF CLUB OWNERS ASSOCIATION INC.

Principal Place of Business

Mailing Address

1552 PALM VIEW ROAD
SARASOTA, FL 342401552 PALM VIEW ROAD
SARASOTA, FL 34240

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

65-0188722

Applied For

Not Applicable

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

STRODE, WILLIAM C
720 SOUTH ORANGE AVENUE
SARASOTA, FL 34238

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 reappointing)

DATE

FILE NOW
FEE IS \$81.259. Election Campaign Financing
Trust Fund Contribution, ☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PD KAHN, MICHAEL A 4457 PRO AM DRIVE BRADENTON, FL 34203 ☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	SD HENTZ, SUSAN 2310 OAKFORD ROAD SARASOTA, FL 34240 ☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D TREXLER, JOHN T 4431 W. ROBINHOOD TRAIL SARASOTA FL 34232 ☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete

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

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 files empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR

SUSAN HENTZ 4-28-00

941-377-3596

Date

Filing Office

CR2E037 (9/99)