

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000001331

1. Entity Name

THE OAKS MALL MERCHANTS' ASSOCIATION, INCORPORAT

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90147 013 ****70.00

Principal Place of Business

Mailing Address

6419 NEWBERRY ROAD
 GAINESVILLE FL 32605

6419 NEWBERRY ROAD
 GAINESVILLE FL 32605-4338

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1906341

Applied For

Not Applicable

Zip

Country

Zip

Country

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

DORNFELD, TOM
 6419 NEWBERRY ROAD
 GAINESVILLE FL 32605

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 NAME	D DORNFELD, TOM	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	6419 NEWBERRY ROAD GAINESVILLE FL 32605	
TITLE NAME	D NELSON, PAUL	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	6481 NEWBERRY ROAD GAINESVILLE FL 32605	
TITLE NAME	D FLINT, TERRI	<input checked="" type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	6323 NEWBERRY ROAD GAINESVILLE FL 32605	
TITLE NAME	D BRODEUR, CHRIS	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	6495 NEWBERRY ROAD GAINESVILLE FL 32605	
TITLE NAME	D CLAYTON, DANA	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	6671 NEWBERRY ROAD GAINESVILLE FL 32605	
TITLE NAME	D MCMONAGLE, MARY ANN	<input checked="" type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	6201 NEWBERRY ROAD GAINESVILLE FL 32605	

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME	D TONEY, CINDY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	6323 NEWBERRY ROAD GAINESVILLE, FL 32605	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME	D ALAN CRABTREE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	6201 NEWBERRY ROAD GAINESVILLE, FL 32605	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

[Handwritten Signature]

4/12/00

352/331-0040

CR2E037 (9/99)