

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 15, 2002 8:00 am**  
**Secretary of State**

04-15-2002 90021 015 \*\*\*\*70.00

**DOCUMENT # N97000001331**

1. Entity Name

**THE OAKS MALL MERCHANTS' ASSOCIATION, INCORPORATED**

Principal Place of Business

Mailing Address

6419 NEWBERRY ROAD  
 GAINESVILLE FL 32605

6419 NEWBERRY ROAD  
 GAINESVILLE FL 32605

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	NAME	TITLE	NAME
<input type="checkbox"/> Delete	<b>D</b> <b>DORNFELD, TOM</b> 6419 NEWBERRY ROAD GAINESVILLE FL 32605	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete	<b>D</b> <b>NELSON, PAUL</b> 6481 NEWBERRY ROAD GAINESVILLE FL 32605	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete	<b>D</b> <b>TONEY, CINDY</b> 6323 NEWBERRY ROAD GAINESVILLE FL 32605	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete	<b>D</b> <b>SCHOETTELKOTTE, JASON</b> 6495 NEWBERRY ROAD GAINESVILLE FL 32605	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete	<b>D</b> <b>CLAYTON, DANA</b> 6671 NEWBERRY ROAD GAINESVILLE FL 32605	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input checked="" type="checkbox"/> Delete	<b>D</b> <b>CRABTREE, ALAN</b> 6201 NEWBERRY ROAD GAINESVILLE FL 32605	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	<b>D</b> <b>FRANK MARCINKOSKI</b> 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 Required*

4/3/02

352-331-0040

CR2E037 (9/01)