

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 27, 2001 8:00 am**  
**Secretary of State**

03-27-2001 90053 011 \*\*\*\*61.25

**DOCUMENT # N93000004915**

1. Entity Name

**OAK TRACE NEIGHBORHOOD ASSOCIATION, INC.**

Principal Place of Business

17764 OAK BRIDGE ST  
 TAMPA FL 33647

Mailing Address

17764 OAK BRIDGE ST  
 SUITE 8  
 TAMPA FL 33647

00050140



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

17768 OAK BRIDGE ST.  
 Suite, Apt. #, etc.  
 TAMPA, FL 33647

3. Mailing Address

17768 OAK BRIDGE ST  
 Suite, Apt. #, etc.

City & State

City & State

TAMPA FL

4. FEI Number

59-3244768

Applied For

Not Applicable

Zip

33647

Country

USA

Zip

33647

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MONTEITH, STEVE  
 17764 OAK BRIDGE STREET  
 TAMPA FL 33647

7. Name and Address of New Registered Agent

Name **DENNY R. McCARTY II**  
 Street Address (P.O. Box Number is Not Acceptable)  
 17768 OAK BRIDGE ST.  
 City **TAMPA, FL** Zip Code **33647**

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MONTEITH, STEVE 17764 OAK BRIDGE STREET TAMPA FL 33647	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD VELAZQUEZ, SUSAN 17750 OAK BRIDGE ST TAMPA FL 33647	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D VELAZQUEZ, SUSAN 17750 OAK BRIDGE STREET TAMPA FL 33647	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD EVERETT, NANCY M 17769 OAK BRIDGE ST TAMPA FL 33647	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TATEM, JEFFREY 17742 OAK BRIDGE ST TAMPA FL 33647	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERNANDEZ, ERNESTO 17767 OAK BRIDGE ST TAMPA FL 33647	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT DENNY R. McCARTY II 17768 OAK BRIDGE ST. TAMPA FL 33647	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TAMPA FL 33647	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR MATTHEW BROHAN 17763 OAK BRIDGE ST. TAMPA, FL 33647	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**DENNY R. McCARTY II**

1-6-01

863-738-4296

Date

Daytime Phone #

CR2E037 (10/00)