

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000000547

1. Entity Name

OAK CREST ASSOCIATION, INC.

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90141 021 ****61.25

0068944

Principal Place of Business
12771 WORLD PLAZA LANE
SUITE 1
FORT MYERS FL 33907
US

Mailing Address
12771 WORLD PLAZA LANE
SUITE 1
FORT MYERS FL 33907
US

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 **65-0669998**

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

DUPREE, DAVID
12771 WORLD PLAZA LANE
SUITE 1
FORT MYERS FL 33907

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:
FEES 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	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PT	CONKLIN, LINDA	5328 GLENLIVET RD	FORT MYERS FL 33907	<input type="checkbox"/>
T	BRENNENSTUN, DEBORAH	5336 GLENLIVET RD	FORT MYERS FL 33907	<input type="checkbox"/>
V	ROMANO, TONY	5313 GLENLIVET RD	FORT MYERS FL 33907	<input type="checkbox"/>
TD	DUPRE, DAVID	12771 WORLD PLAZA LANE	FORT MYERS FL 33907	<input type="checkbox"/>
D	DUPRE, JOHN	12771 WORLD PLAZA LANE	FORT MYERS FL 33907	<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 #

4/23/01 941-278-5600

CR2E037 (10/00)