

2002 UNIFORM BUSINESS REPORT (UBR)

5/27

FILED
Jun 24, 2002 8:00 am
Secretary of State

05-27-2002 90464 039 ****61.25

DOCUMENT # N01000002442

1. Entity Name
OAK VILLAGE DEVELOPMENT CORPORATION

Principal Place of Business Mailing Address
218 S. LIME AVE. **218 S. LIME AVE.**
ORLANDO FL 32805 **ORLANDO FL 32805**

94539



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State

4. FEI Number Applied For
59-3743054 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
SERAAJ, KEVIN
4502 CANNA DR.
ORLANDO FL 32839

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. The above named entry submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	D <input type="checkbox"/> Delete
NAME	MOORE, ERIC
STREET ADDRESS	4250 ALAFAYA TRAIL 212
CITY-ST-ZIP	OVIEDO FL 32765
TITLE	D <input type="checkbox"/> Delete
NAME	SERAAJ, KEVIN
STREET ADDRESS	4502 CANNA DR.
CITY-ST-ZIP	ORLANDO FL 32839
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	HOWARD, MILTON
STREET ADDRESS	160 N. DIVISION ST.
CITY-ST-ZIP	OVIEDO FL 32765
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gilleyle Kenneth
STREET ADDRESS	318 Cello Circle
CITY-ST-ZIP	Winter Spg. FL 32708
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 a power of attorney like empowered.

SIGNATURE: *Kenneth T. Gilleyle* Date: **1.28.02** 107 699-8363
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (9/01)