

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 22, 2004 8:00 am
Secretary of State

03-22-2004 90065 021 ****61.25

DOCUMENT # **NO3000004640**

1. Entity Name

OAKLANDS PLANTATION ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

24026180

2. Principal Place of Business
1164 OAKLANDS PLANTATION DR.
Suite, Apt. #, etc.

3. Mailing Address
1164 OAKLANDS PLANTATION DR.
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
MONTICELLO, FL.

City & State
MONTICELLO, FL.

4. FEI Number

Applied For
☒ Not Applicable

Zip
32344

Country
USA

Zip
32344

Country
USA

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

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

Halford L. Hamilton **TREASURER**

3/8/04

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FEE IS \$61.25
Initial or Amended UBR**

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
**PRESIDENT
ANDREW ELLIS
1506 OAKLANDS PLANTATION DR.
MONTICELLO, FL. 32344**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**TREASURER
HALFORD L. HAMILTON
1164 OAKLANDS PLANTATION DR.
MONTICELLO, FL. 32344**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**SECRETARY
MICHAEL ASHWORTH
41 NE SMITH LANE
MONTICELLO, FL. 32344**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Halford L. Hamilton

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/04

Date

(850) 44-1234

Daytime Phone #

CR2E037B (12/01)