

2002 UNIFORM BUSINESS REPORT (UBR)

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

04-15-2002 90015 024 ***150.00

DOCUMENT # 295363

1. Entity Name

OAKLAND ENTERPRISES, INC.

Principal Place of Business

**513 LAKE BLUE DRIVE
P.O. BOX 1594
LAKE PLACID FL 33852**

Mailing Address

**513 LAKE BLUE DRIVE
P.O. BOX 1594
LAKE PLACID FL 33852**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

33862

4. FEI Number **59-1279724**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CRAWFORD, ROBERT W.
1215 EAST BROWARD BLVD.
FT LAUDERDALE FL 33301**

7. Name and Address of New Registered Agent

Name **JEANNE FOSTER**
Street Address (P.O. Box Number is Not Acceptable)
537 S.E. 34th AVE
City **Ocala** FL Zip Code **34471**

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

Jeanne Foster

Jeanne Foster

3/30/02

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **PDS** ☐ Delete
NAME **WILLIAMS, EUGENE A**
STREET ADDRESS **513 LAKE BLUE DRIVE**
CITY-ST-ZIP **LAKE PLACID FL**

TITLE **D** ☒ Delete
NAME **CRAWFORD, MARGOT W**
STREET ADDRESS **1215 EAST BROWARD BLVD.**
CITY-ST-ZIP **FT LAUDERDALE FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **Leslie W Johnson** ☒ Change ☐ Addition
NAME
STREET ADDRESS **3720 E Oakland Pk Blvd**
CITY-ST-ZIP **Fort Lauderdale FL 33306-1637**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Eugene Williams **EUGENE WILLIAMS 3-8-2002**

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

Date

Daytime Phone #

0473386 AV

CF2E034 (9/01)