

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # 421916**

1. Entity Name

**OAKLEY INVESTMENT OF PASCO COUNTY, INC.**

**FILED**  
**Jan 20, 2000 8:00 am**  
**Secretary of State**

01-20-2000 90123 042 \*\*\*150.00

Principal Place of Business

Mailing Address

2676 CLUB HOUSE DRIVE  
 LAKE WALES FL 33853  
 US

2676 CLUB HOUSE DRIVE  
 LAKE WALES FL 33853-9178  
 US

2. Principal Place of Business

3. Mailing Address

**2633 Eagle COURT**  
 Suite, Apt. #, etc.

**2633 Eagle COURT**  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

**LAKE WALES, FL**

City & State

**LAKE WALES, FL**

4. FEI Number

**59-1483038**

Applied For

Not Applicable

Zip

**33853**

Country

**USA**

Zip

**33853**

Country

**USA**

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

**OAKLEY, TOM ED**  
**2676 CLUB HOUSE DRIVE**  
**LAKE WALES FL 33853**

Name

Street Address (P.O. Box Number is Not Acceptable)

**2633 Eagle COURT**

City

**LAKE WALES, FL**

**FL**

Zip Code

**33853**

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

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>OAKLEY, TOM ED</b>	NAME	
STREET ADDRESS	<b>2676 CLUB HOUSE DRIVE</b>	STREET ADDRESS	<b>2633 Eagle COURT</b>
CITY-ST-ZIP	<b>LAKE WALES FL</b>	CITY-ST-ZIP	<b>LAKE WALES, FL 33853</b>
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MAGGARD, ANN</b>	NAME	
STREET ADDRESS	<b>W CLINTON AVE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>DADE CITY FL</b>	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>OAKLEY, PATRICIA A.</b>	NAME	
STREET ADDRESS	<b>2676 CLUBHOUSE DRIVE</b>	STREET ADDRESS	<b>2633 Eagle COURT</b>
CITY-ST-ZIP	<b>LAKE WALES FL</b>	CITY-ST-ZIP	<b>LAKE WALES, FL 33853</b>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 empowerments.

SIGNATURE: *Tom Ed Oakley*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-12-2000**  
 Date Daytime Phone #