

2000 UNIFORM BUSINESS REPORT.(UBR)

4/5

FILED
May 09, 2000 8:00 am
Secretary of State

04-05-2000 90093 011 ****61.25

DOCUMENT # 706508

1. Entity Name

OAKHURST GROVES HOME OWNERS' ASSOCIATION INCORPO

Principal Place of Business

Mailing Address

P O BOX 4593
 SEMINOLE FL 33775-4593
 US

P O BOX 4593
 SEMINOLE FL 33775-4593
 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

NOT APPLICABLE

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

BARAUSKAS, ANDREW L ESQ
5462 CENTRAL AVE
ST PETERSBURG FL 33707

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:
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	VD	<input type="checkbox"/> Delete
NAME	HEATH, LEE	
STREET ADDRESS	13705 JAMAICA DR	
CITY-ST-ZIP	SEMINOLE FL	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	SMITH, JEAN	
STREET ADDRESS	13878 MONTEGO DR	
CITY-ST-ZIP	SEMINOLE FL	
TITLE	SEC	<input type="checkbox"/> Delete
NAME	KUCERA, VINCE	
STREET ADDRESS	13787 94TH AVE N	
CITY-ST-ZIP	SEMINOLE FL 33776	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KUCERA, GAIL	
STREET ADDRESS	13787 94TH AVE N	
CITY-ST-ZIP	SEMINOLE FL 33776	
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	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRESIDENT	
STREET ADDRESS	HEATH, LEE	
CITY-ST-ZIP	13205 JAMAICA DR.	
	SEMINOLE, FL. 33776	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	V.P.	
STREET ADDRESS	THOMAS J. FRAY	
CITY-ST-ZIP	13798 TRINIDAD DR.	
	SEMINOLE, FL. 33776	
TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEC/TREAS.	
STREET ADDRESS	KUCERA, VINCE	
CITY-ST-ZIP	13787 94TH AVE N.	
	SEMINOLE, FL. 33776	
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 all other like empowered.

SIGNATURE:

3-31-00
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-31-00 727-546-4655