

2000 UNIFORM BUSINESS REPORT (UBR)

3/

DOCUMENT # 716682

1. Entity Name

THE OAKS SCHOOL, INC.

APPROVED
AND
FILED

00 MAY 17 PM 3:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business /

Mailing Address

455 N. WILSON AVENUE
BARTOW FL 33830-3955

455 N. WILSON AVENUE
BARTOW FL 33830-3955

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FBI Number

59-1270114

Applied For

Not Applicable

Zip

Country

Zip

Country

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

GRIFFIN, ROBERT
341 W DAVIDSON ST
BARTOW FL 33831-1906

Name Craig Canning
Street Address (P.O. Box Number is Not Acceptable)
3367 Heather Glynn Drive
City Mulberry FL Zip Code 33860

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

Craig Canning
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)

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 VTR
NAME OAKLEY, ANDY
STREET ADDRESS 170 W VALENCIA DR
CITY-STATE-ZIP BARTOW FL 33830 ☒ Delete

TITLE STR
NAME WALKER, KAREN
STREET ADDRESS 2100 DYNAMITE RD
CITY-STATE-ZIP BARTOW FL 33830 ☐ Delete

TITLE TTR
NAME WEEDE, MARK
STREET ADDRESS 7171 SNELL RD
CITY-STATE-ZIP BARTOW FL 33830 ☒ Delete

TITLE
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STREET ADDRESS
CITY-STATE-ZIP ☐ Delete

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CITY-STATE-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VTR
NAME Larry Wright (T)
STREET ADDRESS 3616 Dogwood Place
CITY-STATE-ZIP Lakeland, FL 33813 ☒ Addition

TITLE Treasurer (T)
NAME Walker, Karen
STREET ADDRESS 2100 Dynamite Rd
CITY-STATE-ZIP Bartow, FL 33830 ☒ Change ☐ Addition

TITLE Secretary (T)
NAME Linda Holcomb
STREET ADDRESS 665 Forest Drive
CITY-STATE-ZIP Bartow, FL 33830 ☒ Addition

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

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

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CITY-STATE-ZIP ☐ Change ☐ Addition

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(d), 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: Karen M Walker Karen M Walker, Treasurer 2/17/00 (863) 534-3543

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #