

2002 UNIFORM BUSINESS REPORT (UBR)

1/2

FILED
Mar 10, 2002 8:00 am
Secretary of State

01-25-2002 90005 039 ****61.25

DOCUMENT # 716682

1. Entity Name

THE OAKS SCHOOL, INC.

Principal Place of Business

455 N. WILSON AVENUE
BARTOW, FL 33830-3955

Mailing Address

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

Zip

Country

Zip

Country

4. FEI Number

59-1270114

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

MOORE, GAIL
1010 S BROADWAY
BARTOW FL 33830

Name Fred Sagester

Street Address (P.O. Box Number is Not Acceptable)
2761 High Ridge Place

City Lakeland

FL

Zip Code
33813

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

Fred Sagester

Fred Sagester

Jan 11, 2002

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 NAME STREET ADDRESS CITY-ST-ZIP	<u>VRT</u> <u>WRIGHT, LARRY</u> <u>3818 DOGWOOD PLACE</u> <u>LAKELAND FL 33813</u>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>R T</u> <u>WALKER, KAREN</u> <u>2100 DYNAMITE RD</u> <u>BARTOW FL 33830</u>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>SE S T</u> <u>HOLCOMB, LINDA</u> <u>685 FOREST DRIVE</u> <u>BARTOW FL 33830</u>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>P</u> <u>Jerry Butler</u> <u>935 S. Oak Ave.</u> <u>Bartow, FL 33830</u>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>V</u> <u>Ron Hunter</u> <u>758 Peters Rd.</u> <u>Bartow, FL 33830</u>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Fred Sagester

Date

Daytime Phone #

1/11/02 863-533-5539

CR2E037 (9/01)