

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 718583

1. Entity Name

OAK AVENUE WATER SYSTEM, INC.

**FILED**  
**Apr 22, 2000 8:00 am**  
**Secretary of State**

04-22-2000 90006 049 \*\*\*\*61.25

Principal Place of Business

Mailing Address

1348 NC 157TH AVE  
WILLISTON FL 32696  
US

P. O. BOX 392  
WILLISTON FL 32696-0392  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-6382242

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

SMITH, JOSEPH E  
ALT. US 27  
BEAUCHAMP & SMITH LEGAL BLDG  
BRONSON FL 32621

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	ST	<input type="checkbox"/> Delete
NAME	SMITH, M K	
STREET ADDRESS	1348 NE 157TH AVE	
CITY-ST-ZIP	WILLISTON FL 32696	
TITLE	D	<input type="checkbox"/> Delete
NAME	STAFFORD, HARRY	
STREET ADDRESS	RT 2 BOX 1326	
CITY-ST-ZIP	WILLISTON, FL 00000	
TITLE	V	<input type="checkbox"/> Delete
NAME	THOMPSON, SUE	
STREET ADDRESS	1560 NE 157TH AVE	
CITY-ST-ZIP	WILLISTON FL 32696	
TITLE	D	<input type="checkbox"/> Delete
NAME	JONES, ISAAC	
STREET ADDRESS	1591 NE 157TH AVE	
CITY-ST-ZIP	WILLISTON FL 32696	
TITLE	D	<input type="checkbox"/> Delete
NAME	SANFORD, THOMAS W.	
STREET ADDRESS	15851 NE 15TH ST	
CITY-ST-ZIP	WILLISTON FL 32696	
TITLE	P	<input type="checkbox"/> Delete
NAME	TERRELL, DOROTHY	
STREET ADDRESS	1317 NE 157TH AVE	
CITY-ST-ZIP	WILLISTON FL 32696	

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	
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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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Mary Kate Smith* 4-18-00

Date

Daytime Phone #

CR2E037 (9/99)