

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90103 029 ****61.25

DOCUMENT # 725195

1. Entity Name

LIVE OAK VILLAGE CONDOMINIUM, INC.

Principal Place of Business

**531 A MIDWAY DRIVE
 Ocala FL 34472
 US**

Mailing Address

**531 A MIDWAY DRIVE
 Ocala FL 32672**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1525238

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

**LAPOINTE, JOSEPH W
 602-B MIDWAY DR
 Ocala FL 34472**

Name **J. J. Schrader**

Street Address (P.O. Box Number is Not Acceptable)
526-A Midway Drive

Ocala,

City

FL

Zip Code

34472

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 **J. J. Schrader - President**

(NOTE: Registered Agent signature required when reinstating)

1/24/01

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 ☒ Delete
 NAME **PD**
 STREET ADDRESS **LAPOINTE, JOSEPH W**
 CITY-ST-ZIP **602-B MIDWAY DRIVE
 Ocala FL**

TITLE ☐ Change ☒ Addition
 NAME **President/Director**
 STREET ADDRESS **J. J. Schrader**
 CITY-ST-ZIP **526-A Midway Drive
 Ocala, FL 34472**

TITLE ☒ Delete
 NAME **D**
 STREET ADDRESS **HENNEL, WILLARD J.**
 CITY-ST-ZIP **570-B MIDWAY DR
 Ocala FL**

TITLE ☐ Change ☒ Addition
 NAME **Secretary/Treas./Dir.**
 STREET ADDRESS **Beverley J. Bowman**
 CITY-ST-ZIP **539-A Midway Drive
 Ocala, FL 34472**

TITLE ☒ Delete
 NAME **D**
 STREET ADDRESS **TAYLOR, GEORGE**
 CITY-ST-ZIP **597-A MIDWAY DRIVE
 Ocala FL**

TITLE ☐ Change ☒ Addition
 NAME **Director**
 STREET ADDRESS **Walter Burns**
 CITY-ST-ZIP **543-B Midway Drive
 Ocala, FL 34472**

TITLE ☒ Delete
 NAME **S**
 STREET ADDRESS **RIDGEWAY, EDWARD E**
 CITY-ST-ZIP **558-A MIDWAY DR
 Ocala FL**

TITLE ☐ Change ☒ Addition
 NAME **Director**
 STREET ADDRESS **Al Heim**
 CITY-ST-ZIP **527-B Midway Drive
 Ocala, FL 34472**

TITLE ☐ Delete
 NAME **VPD**
 STREET ADDRESS **SIMMONS, ROBERT**
 CITY-ST-ZIP **459-A MIDWAY DRIVE
 Ocala FL 34472**

TITLE ☐ Change ☒ Addition
 NAME **Director**
 STREET ADDRESS **Patrick Moore**
 CITY-ST-ZIP **567-B Midway Drive
 Ocala, FL 34472**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME **Director**
 STREET ADDRESS **Bryan Mosher**
 CITY-ST-ZIP **479-B Midway Drive
 Ocala, FL 34472**

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: **J. J. Schrader - President**

1/24/01 352-687-4749

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)