

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2002 8:00 am
Secretary of State
 02-21-2002 90075 008 ****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

**SCHRADER, J J
 526-A MIDWAY DR.
 Ocala FL 34472**

Name **Patrick Moore PD**
 Street Address (P.O. Box Number is Not Acceptable)
567-B Midway Drive
 City **Ocala** 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 **Patrick Moore**

Patrick Moore

2/05/02
 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 **PD** ☐ Delete
 NAME **SCHRADER, J J**
 STREET ADDRESS **526 A MIDWAY DR.**
 CITY-ST-ZIP **OCALA FL 34472**

TITLE **VPD** ☒ Change ☐ Addition
 NAME **Schrader, J. J.**
 STREET ADDRESS **526-A Midway Drive**
 CITY-ST-ZIP **Ocala, Fl. 34472**

TITLE **STD** ☐ Delete
 NAME **BOWMAN, BEVERLY J**
 STREET ADDRESS **570-B MIDWAY DR**
 CITY-ST-ZIP **OCALA FL**

TITLE **TD** ☒ Change ☐ Addition
 NAME **Beverley J. Bowman**
 STREET ADDRESS **539-A Midway Drive**
 CITY-ST-ZIP **Ocala, Fl. 34472**

TITLE **D** ☐ Delete
 NAME **BURNS, WALTER**
 STREET ADDRESS **597-A MIDWAY DRIVE**
 CITY-ST-ZIP **OCALA FL**

TITLE **D** ☐ Change ☐ Addition
 NAME **Walter Burns**
 STREET ADDRESS **543-B Midway Drive**
 CITY-ST-ZIP **Ocala, Fl. 34472**

TITLE **D** ☐ Delete
 NAME **HEIM, AL**
 STREET ADDRESS **558-A MIDWAY DR**
 CITY-ST-ZIP **OCALA FL**

TITLE **D** ☐ Change ☐ Addition
 NAME **Al Heim**
 STREET ADDRESS **527-B Midway Drive**
 CITY-ST-ZIP **Ocala, Fl. 34472**

TITLE **VPD** ☐ Delete
 NAME **MOORE, PATRICK**
 STREET ADDRESS **459-A MIDWAY DRIVE**
 CITY-ST-ZIP **OCALA FL 34472**

TITLE **D** ☐ Change ☒ Addition
 NAME **Dominic Napoli**
 STREET ADDRESS **586-B Midway Drive**
 CITY-ST-ZIP **Ocala, Fl. 34472**

TITLE **D** ☐ Delete
 NAME **MOSHER, BRYAN**
 STREET ADDRESS **479-B MIDWAY DR.**
 CITY-ST-ZIP **OCALA FL 34472**

TITLE **D** ☐ Change ☐ Addition
 NAME **Vacant at this time due to**
 STREET ADDRESS **resignation**
 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

2/05/02 352/687/4749
 Date Daytime Phone #

CR2E037 (9/01)