2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 22, 2000 8:00 am
Secretary of State
03-22-2000 90047 002 ****61.25

DOCUMENT # 742624

1. Entity Name

THE OAKS OF TARPON WOODS, INC.

Principal Place of Business	Mailing Address
800 TARPON WOODS BLVD STE F-1 PALM HARBOR FL 34685 US	800 TARPON WOODS BLVD STE F-1 PALM HARBOR FL 34685-2000 US

B0043249

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
251 WINDWARD PASSAGE	251 WINDWARD PASSAGE
Suite, Apt. #, etc.: Suite F	Suite, Apt. #, etc.: Suite F
City & State: CLEARWATER, FL.	City & State: CLEARWATER FL.
Zip: 33767 Country: USA	Zip: 33767 Country: USA

4. FEI Number: 59-1985913 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

JIM NOBLES MANAGEMENT INC
800 TARPON WOODS BLVD
STE F-1
PALM HARBOR FL 34685

7. Name and Address of New Registered Agent

Name: Jim Nobles Management Inc.
Street Address (P.O. Box Number is Not ~~Acceptable~~): 251 WINDWARD PASSAGE
Suite F
City: CLEARWATER FL Zip Code: 33767

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: Sharon O. Gulyas Pres. 3-5-00
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD GUNSON, PAUL 1000 TARPON WOODS BLVD., #603 PALM HARBOR FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD NIDA, RICHARD J 1000 TARPOON WOODS BLVD., #203 PALM HARBOR FL 34685	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD NOBEL, CHARLENE P. O. BOX 540186 N/A LAKE WORTH FL 33454	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD GRANINGER, RICHARD 107 ROSEWOOD DR PALM HARBOR FL 34685	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (9/99)

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: Paul Gunson Pres. 3-17-00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #