

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 742624

1. Entity Name

THE OAKS OF TARPON WOODS, INC.

FILED
Mar 27, 2002 8:00 am
Secretary of State

03-27-2002 90024 034 ****61.25

0043813

Principal Place of Business

Mailing Address

251 WINDWARD PASSAGE
STE F
CLEARWATER FL 33767
US

251 WINDWARD PASSAGE
STE F
CLEARWATER FL 33767
US

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

59-1985913

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

JIM NOBLES MANAGEMENT INC
251 WINDWARD PASSAGE
STE F
CLEARWATER FL 33767

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 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	VPD NIDA, RICHARD J 1000 TARPON WOODS BLVD., #203 PALM HARBOR FL 34685	☐ Delete
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	SD GRANINGER, RICHARD 107 ROSEWOOD DR PALM HARBOR FL 34685	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP JOSEPH C. LONGO 1000 TARPON WOODS BLVD #706 PALM HARBOR, FL 34685	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT MIKE McEVILLY 1000 TARPON WOODS BLVD #304 PALM HARBOR, FL 34685	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS PATRICIA A. SMITH 1000 TARPON WOODS BLVD #403 PALM HARBOR, FL 34685	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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:

Joseph C. Longo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-4-02

CR2E037 (9/01)