

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Aug 26, 2002 8:00 am**  
**Secretary of State**

08-26-2002 90066 045 \*\*\*\*61.25

DOCUMENT # **745906**

1. Entity Name

**OAK PARK of RIVER OAKS, INC.**

**DO NOT WRITE IN THIS SPACE**

**124304**

2. Principal Place of Business

**155 Westwood Dr.**

Suite, Apt. #, etc.

3. Mailing Address

**155 Westwood Dr.**

Suite, Apt. #, etc.

City & State

**Naples, FL**

City & State

**Naples, FL**

Zip

**34110**

Country

**Collier**

Zip

**34110**

Country

**Collier**

4. FEI Number

**65-0105103**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name

**Ellwood Faust**

Street Address (P.O. Box Number is Not Acceptable)

**174 Old Tamiami Trail**

City

**Naples**

**FL**

Zip Code

**34110**

**DO NOT WRITE  
IN THIS SPACE**

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

**Ellwood Faust**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**8-23-02**

DATE

**FEE IS \$61.25  
Initial or Amended UBR**

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
President	Ellwood Faust	174 Old Tamiami Trail	Naples, FL 34110				
Vice-President	Tom Franchino	183 Westwood Drive	Naples, FL 34110				
Sec	Eve Miro	190 Old Tamiami Trail	Naples, FL 34110				
Treas.	H.W. Pottebaum	155 Westwood Dr.	Naples, FL 34110				
Board member	Wade Malm	158 Old Tamiami Tr	Naples, FL 34110				

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

**H.W. Pottebaum**

**H.W. Pottebaum**

**8/22/02**

Date

**239-241-7321**

Daytime Phone #

CR2E037B (12/01)