## 2001 UNIFORM BUSINESS REPORT (UBR)

## FILED Jan 25, 2001 8:00 am DOCUMENT # 746278 **Secretary of State** 1. Entity Name OAKRUN SUBDIVISION ASSOCIATION, INCORPORATED 01-25-2001 90141 048 \*\*\*\*61.25 Principal Place of Business Mailing Address 70 P.O. BOX 441 P.O. BOX 441 **TALLEVAST FL 34270-0441 TALLEVAST FL 34270-0441** PARABARA 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2317152 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required -7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent TER TUCKERMAN Address (P.O. Box Number is Not Acceptable) TOKARZ, CHARLES 4721 OAK RUN DR. SARASOTA FL 34243 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees **FEE IS \$61.25 Department of State** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. GEZA VASTAGLOIL TITLE Addition 🔼 Delete TITLE 73080AF RUNLANE TOKARZ, CHARLES NAME NAME 4721 OAK RUN DR. STREET ADDRESS STREET ADDRESS 598450TA, FL 34243 CITY-ST-ZIP SARASOTA FL CITY-ST-ZIP KLAUS DOR GNTHLDIRT Change TD Delete **Addition** TITLE TITLE ARNOLD, ROY NAME NAME JUDO OAK RUN LANE 4717 OAK RUN DR. STREET ADDRESS STREET ADDRESS SAMASOTA, FL 34243 CITY-ST-ZIP SARASOTA FL CITY-ST-ZIP TOM HUBBARD CTREAY Change SD Delete TITLE TITLE SANDERS, PATRICE NAME NAME 2313 OAK RUN LANE 7321 OAK RUN LANE STREET ADDRESS STREET ADDRESS SARASOTA, FL. 34243 CITY-ST-7IP SARASOTA FL CITY-ST-ZIP BEECH AYLES (SEC) Change ☐ Delete TITLE TITLE 7300 DAK RUN LAVE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP PETER TUCKERMAN Change P 47290AX RUNDA (PRES) Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE Delete TITLE TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE 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 inquired 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