

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 13, 2002 8:00 am
Secretary of State

02-13-2002 90107 009 ****61.25

DOCUMENT # 750994

1. Entity Name

OAK GROVE HOME OWNERS, INC.

Principal Place of Business

Mailing Address

**320 IVANHOE CIR.
LADY LAKE FL 32159-3824**

**320 IVANHOE CIR.
LADY LAKE FL 32159-3824**

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

59-1976935

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

**KILROY, RUTH
301 SHEERWOOD DR
LADY LAKE FL 32159**

Name **BETTY BERNARD**

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

366 IVANHOE CIRCLE

City **LADY LAKE**

FL

Zip Code **32159**

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 **D** ☒ Delete
NAME **HUGHS, PAM**
STREET ADDRESS **324 IVANHOE CIRCLE**
CITY-ST-ZIP **LADY LAKE FL 32159**

TITLE **D** ☒ Change ☐ Addition
NAME **LOWELL SAXTON**
STREET ADDRESS **326 IVANHOE CIRCLE**
CITY-ST-ZIP **LADY LAKE, FL 32159**

TITLE **S** ☒ Delete
NAME **KILROY, RUTH**
STREET ADDRESS **301 SHEERWOOD DR**
CITY-ST-ZIP **LADY LAKE FL 32159**

TITLE **S** ☒ Change ☐ Addition
NAME **BETTY BERNARD**
STREET ADDRESS **366 IVANHOE CIRCLE**
CITY-ST-ZIP **LADY LAKE, FL 32159**

TITLE **V** ☒ Delete
NAME **BERNARD, BETTY**
STREET ADDRESS **366 IVANHOE CIRCLE**
CITY-ST-ZIP **LADY LAKE FL 32159**

TITLE **V** ☒ Change ☐ Addition
NAME **FRANK GREEN**
STREET ADDRESS **308 IVANHOE CIRCLE**
CITY-ST-ZIP **LADY LAKE, FL 32159**

TITLE **P** ☐ Delete
NAME **HOLDEN, TONY**
STREET ADDRESS **342 IVANHOE CIRCLE**
CITY-ST-ZIP **LADY LAKE FL 32159**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** ☒ Delete
NAME **GASKIN, JACKIE**
STREET ADDRESS **344 IVANHOE CIRCLE**
CITY-ST-ZIP **LADY LAKE FL 32159**

TITLE **T** ☒ Change ☐ Addition
NAME **SHARON KAPIO**
STREET ADDRESS **360 IVANHOE CIRCLE**
CITY-ST-ZIP **LADY LAKE, FL 32159**

TITLE **D** ☐ Delete
NAME **FERRIELL, ROBERT**
STREET ADDRESS **329 IVANHOE CIRCLE**
CITY-ST-ZIP **LADY LAKE FL 32159**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

Betty Bernard

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-28-02 (352) 753-8626

CR2E037 (9/01)