

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 767177**

1. Entity Name

COUNTRY OAKS PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business

4541 SW 46TH ST
OCALA FL 34474-4354
US

Mailing Address

4541 SW 46TH ST
OCALA FL 34474-4354
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

59-3099994

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

FRAZIER, MILTON
4541 SW 46TH ST
OCALA FL 34474

7. Name and Address of New Registered Agent

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SILEZIN, JOHN 4550 SW 44TH COURT OCALA FL 34474	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MARTIN, RUTH 4571 SW 46TH AVENUE OCALA FL 34474	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HETRICK, ELIZABETH 4581 SW 44TH LANE OCALA FL 34474	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SHINGLEDECKER, JIM 4541 SW 44 LANE OCALA FL 34474-9221	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

JOHN SILEZIN, PRESIDENT
Signature of John Silezin

2/22/2001 (352) 873-3279

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)