

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J27096

1. Entity Name  
PORTILLO OAKS, INC.

Principal Place of Business  
11021 MATTERHORN COURT  
SPRING HILL FL 34608

Mailing Address  
11021 MATTERHORN COURT  
SPRING HILL FL 34608

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 59-2718986

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CUMMINGS, DONALD L.  
2781 PEACHTREE CIRCLE  
CLEARWATER FL 34621

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

9. This corporation is eligible to satisfy its intangible  
Tax filing requirement and elects to do so. ☒  
(See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PD  
NAME CUMMINGS, DONALD L.  
STREET ADDRESS 2781 PEACHTREE CIRCLE  
CITY-ST-ZIP CLEARWATER FL ☐ Delete

TITLE V  
NAME ESPOSITO, PHILIP  
STREET ADDRESS 11021 MATTERHORN CT  
CITY-ST-ZIP SPRING HILL FL ☐ Delete

TITLE D  
NAME CUMMINGS, ROBERTA  
STREET ADDRESS 2781 PEACHTREE CIR.  
CITY-ST-ZIP CLEARWATER FL ☐ Delete

TITLE STD  
NAME ESPOSITO, BARBARA  
STREET ADDRESS 11021 MATTERHORN CT  
CITY-ST-ZIP SPRING HILL FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Donna F. Edwards*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**Jan 14, 2002 8:00 am**  
**Secretary of State**

01-14-2002 90017 041 \*\*\*150.00

002099



DO NOT WRITE IN THIS SPACE

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CR2E034 (9/01)

Jan. 7 2002 352-666-0984