

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L26019

1. Entity Name

OAK WOODLANDS, INC.

**FILED**  
**May 14, 2001 8:00 am**  
**Secretary of State**

05-14-2001 90241 034 \*\*\*150.00

048142

Principal Place of Business

4010 N.W. 21ST CIRCLE  
JENNINGS FL 32053

Mailing Address

4010 N.W. 21ST CIRCLE  
JENNINGS FL 32053

**60064767**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

P.O. Box 191  
Suite, Apt. #, etc.

106 HATLEY STREET SE

CITY & STATE  
JASPER, FLORIDA

Zip  
32052

Country  
U.S.A.

3. Mailing Address

P.O. Box 191  
Suite, Apt. #, etc.

106 HATLEY STREET SE

CITY & STATE  
JASPER, FLORIDA

Zip  
32052

Country  
U.S.A.

4. FEI Number 59-2978597

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

RATLIFF, RONALD H  
RT. 2 BOX 141A  
JASPER FL 32052

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, 2001 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
RATLIFF, RONALD H  
RT. 2 BOX 141A  
JASPER FL 32052 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
MOODY, JAMES M  
15000 CUNTY ROAD 6 EAST  
JASPER FL 32052 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE  
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CITY-ST-ZIP  
☐ Change ☐ Addition

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:

*Ronald H. Ratliff*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/30/01 386-792-8484

CR2E034 (10/00)