

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 18, 2002 8:00 am**  
**Secretary of State**

04-18-2002 90335 014 \*\*\*\*61.25

**DOCUMENT # N00000000548**

1. Entity Name

**OAKLAND TERRACE RESIDENTS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**OAKLAND TERRACE APTS.  
887 FRANKLIN STREET  
JACKSONVILLE FL 32206**

**OAKLAND TERRACE APTS.  
887 FRANKLIN STREET  
JACKSONVILLE FL 32206**

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

**59-3665121**

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

**ROUNDTREE, DOROTHY  
888 BRIDER ST B205  
887 FRANKLIN STREET #A1-16  
JACKSONVILLE FL 32206**

Name **Dorothy Roundtree**  
Street Address (P.O. Box Number is Not Acceptable)  
**888 Bridler Street, # B2-05**  
**Jacksonville**  
City **FL** Zip Code **32206**

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

*Dorothy Roundtree*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**4-18-02**

**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 **PD** ☐ Delete  
NAME **ROUNDTREE, DOROTHY**  
STREET ADDRESS **888 BRIDER ST B205**  
CITY-ST-ZIP **JACKSONVILLE FL 32206**

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

TITLE **SD** ☒ Delete  
NAME **MOYE, EDWINA**  
STREET ADDRESS **887 FRANKLIN ST B104**  
CITY-ST-ZIP **JACKSONVILLE FL 32206**

TITLE **SD** ☒ Change ☐ Addition  
NAME **Ava Blackston**  
STREET ADDRESS **887 Franklin St, A-119**  
CITY-ST-ZIP **Jacksonville, FL 32206**

TITLE **TD** ☒ Delete  
NAME **VEREEN, MARIA**  
STREET ADDRESS **888 BRIDIEA ST C225**  
CITY-ST-ZIP **JACKSONVILLE FL 32206**

TITLE **TD** ☒ Change ☐ Addition  
NAME **Valdora Levy**  
STREET ADDRESS **888 Bridiea St, C2-19**  
CITY-ST-ZIP **Jacksonville, FL 32206**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Dorothy Roundtree*

**4-18-02 739-5214 ext. 117**

CR2E037 (9/01)