

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2001 8:00 am
Secretary of State

03-12-2001 90505 030 ****61.25

DOCUMENT # N00000003734

1. Entity Name
ROYAL OAKS CO-OP, INC.

Principal Place of Business 1012 DUNDEE ROAD DUNDEE FL 33838	Mailing Address 1012 DUNDEE ROAD DUNDEE FL 33838
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address P.O. BOX 1799 Suite, Apt. #, etc.
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City & State Dundee, FL	City & State Dundee, FL	4. FEI Number 59-3650803	Applied For Not Applicable
Zip 33838	Country Polk	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
BERNSTEIN, DAVID S ESQ.
150 SECOND AVENUE NORTH, 17TH FLOOR
ST. PETERSBURG FL 33701

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  **Bob Fling, Treasurer/Director** **March 7, 2001**
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		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HUBER, JIM 60 MICHIGAN AVENUE DUNDEE FL 33838	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD BLING, BOB 27 MICHIGAN AVENUE DUNDEE FL 33838	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD RAC, BILL 29 MICHIGAN AVENUE DUNDEE FL 33838	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARRETT, BOB 48 MICHIGAN AVENUE DUNDEE FL 33838	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MESSICK, JOE 64 KENTUCKY AVENUE DUNDEE FL 33838	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D Bill Rac 29 Michigan Dundee, FL	<input checked="" type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/P D Barrett, Bob 48 Michigan Dundee, FL	<input checked="" type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/P D Calahan, Ann E-1 Ohio Dundee, FL	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D Roth, Edith 23 Michigan Dundee, FL	<input checked="" type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D Fling, Bob 27 Michigan Dundee, FL	<input checked="" type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>

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:  **Bob Fling, Treasurer/Director** **March 7, 2001** **866 439 5954**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)