

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000006049

1. Entity Name

OASIS OUTREACH, INC.

FILED
May 19, 2002 8:00 am
Secretary of State

05-19-2002 90219 010 ****61.25

Principal Place of Business

8057 ARLINGTON EXPRESSWAY, STE. 13
JACKSONVILLE FL 32211

Mailing Address

8057 ARLINGTON EXPRESSWAY, STE. 13
JACKSONVILLE FL 32211

2. Principal Place of Business

8049 Arlington Expressway P.O. Box 5335

Suite, Apt. #, etc.

Suite 3

3. Mailing Address

Suite, Apt. #, etc.

City & State

Jacksonville Florida

City & State

Jacksonville FL

Zip

32211

Country

USA

Zip

32247-5335

Country

USA



DO NOT WRITE IN THIS SPACE

59-3668874

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GOODMAN, MARK B
8057 ARLINGTON EXPRESSWAY, STE. 13
JACKSONVILLE FL 32211

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 PD
NAME GOODMAN, MARK B
STREET ADDRESS 2139 MINERVA AVENUE
CITY-ST-ZIP JACKSONVILLE FL 32207 ☐ Delete

TITLE VPD
NAME CARAN, LOUIS
STREET ADDRESS 7440 GREENWAY DRIVE
CITY-ST-ZIP JACKSONVILLE FL 32244 ☐ Delete

TITLE STD
NAME REAGER, JARRET
STREET ADDRESS 1030 ALHAMBRA DRIVE
CITY-ST-ZIP JACKSONVILLE FL 32207 ☐ Delete

TITLE OAD
NAME GOODMAN, SUSAN E
STREET ADDRESS 2139 MINERVA AVENUE
CITY-ST-ZIP JACKSONVILLE FL 32207 ☐ Delete

TITLE D
NAME SHELL, ED
STREET ADDRESS 4443 OAK BAY DRIVE W
CITY-ST-ZIP JACKSONVILLE FL 32277 ☐ Delete

TITLE D
NAME BAJALIA, MIKE
STREET ADDRESS 3624 KAPALUA COURT
CITY-ST-ZIP GREEN COVE SPRINGS FL 32043 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D
NAME Tami Wallace
STREET ADDRESS 11827 Lynne Terrace W.
CITY-ST-ZIP Jacksonville FL 32258 ☐ Change ☒ Addition

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

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

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04/29/02

CR2E037 (9/01)