

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000003608

1. Entity Name

THE OASIS ENRICHMENT ACADEMY, INC.

FILED

Apr 30, 2002 8:00 am  
Secretary of State

04-30-2002 90190 020 \*\*\*\*70.00

B0079601



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

908 S E WILLISTON ROAD  
GAINESVILLE FL 32641

POST OFFICE BOX 602  
GAINESVILLE FL 32602

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

59-3127110

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

WEST, PATRICIA  
5217 S W 79TH TERRACE  
GAINESVILLE FL 32608

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	WEST, PATRICIA R	
STREET ADDRESS	5217 S W 79TH TERRACE	
CITY-ST-ZIP	GAINESVILLE FL 32608	
TITLE	D	<input type="checkbox"/> Delete
NAME	MINGO, GWENUEL W	
STREET ADDRESS	P.O. BOX 13119 UNIVERSITY STATION	
CITY-ST-ZIP	GAINESVILLE FL 32604	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CHANCEY, KERRY	
STREET ADDRESS	1310 N W 30TH STREET	
CITY-ST-ZIP	GAINESVILLE FL 32605	
TITLE	D	<input type="checkbox"/> Delete
NAME	GORDON, VANESSA I	
STREET ADDRESS	6215 S W 81ST STREET	
CITY-ST-ZIP	GAINESVILLE FL 32608	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	COREY, MARCEY C	
STREET ADDRESS	831 N W 60TH STREET	
CITY-ST-ZIP	GAINESVILLE FL 32605	
TITLE	D	<input type="checkbox"/> Delete
NAME	TUCKER, CAROLYN M	
STREET ADDRESS	5516 N W 33RD PLACE	
CITY-ST-ZIP	GAINESVILLE FL 32601	

TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Olivia Crawford	
STREET ADDRESS	413 SW 4th Ave	
CITY-ST-ZIP	Gainesville, FL 32601	
TITLE	Vice-Chair	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Nkwanda Jah	
STREET ADDRESS	821 NW 10th Street	
CITY-ST-ZIP	Gainesville, FL 32602	
TITLE	William Caudle	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Willie NW 29th St	
STREET ADDRESS	Gainesville, FL 32603	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/02

Date

Daytime Phone #

CR2E037 (9/01)