

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N07693**

1. Entity Name

Property
OAK HILL ACRES ASSOCIATION, INC.

Principal Place of Business

Mailing Address

101 DOGWOOD TRACE
TARPON SPRINGS, FL 34689

2. Principal Place of Business

3. Mailing Address

P.O. BOX 2704

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
TARPON SPRINGS, FL

Zip

Country

Zip

Country

34688-2704

USA

4. FEI Number

59-2495018

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WILLIAM ROACH
101 DOGWOOD TRACE
TARPON SPRINGS, FL 34689

7. Name and Address of New Registered Agent

Name
ROBERT L. TANKEL
Street Address (P.O. Box Number is Not Acceptable)
1022 MAIN STREET
SUITE D
City
DUNEDIN **FL** Zip Code
34698

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 ☒ Delete
NAME ROACH, WILLIAM
STREET ADDRESS 101 DOGWOOD TRACE
CITY-ST-ZIP TARPON SPRINGS, FL 34698

TITLE VD ☒ Delete
NAME HOOVER, GREG
STREET ADDRESS 102 DOGWOOD TRACE
CITY-ST-ZIP TARPON SPRINGS, FL 34689

TITLE TSD ☐ Delete
NAME CONKLIN, BILL
STREET ADDRESS 3075 MAPLE TRACE
CITY-ST-ZIP TARPON SPRINGS, FL 34689

TITLE D ☒ Delete
NAME JONES, JIM
STREET ADDRESS 2918 MAGNOLIA TRACE
CITY-ST-ZIP TARPON SPRINGS, FL 34689

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Change ☐ Addition
NAME Thomas J. Kennedy
STREET ADDRESS 2950 Maple Trace
CITY-ST-ZIP Tarpon Springs, FL 34689

TITLE VD ☐ Change ☒ Addition
NAME Troy Wubben
STREET ADDRESS 2965 Maple Trace
CITY-ST-ZIP Tarpon Springs, FL 34689

TITLE ☐ Change ☐ Addition
NAME 300003441003--2
STREET ADDRESS -10/26/00--01088--034
CITY-ST-ZIP ****358.75 ****358.75

TITLE D ☐ Change ☒ Addition
NAME Robert Laping
STREET ADDRESS 2902 Magnolia Trace
CITY-ST-ZIP Tarpon Springs, FL 34689

TITLE VD ☒ Change ☐ Addition
NAME Ken Balmer
STREET ADDRESS 2900 Maple Trace
CITY-ST-ZIP Tarpon Springs, FL 34689

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Thomas J. Kennedy 10.13.00

813.493.7912

FILED
CLERK OF STAFF
DIVISION OF CORPORATION
00 OCT 18 PM 12:47

REINSTATEMENT 98-20
DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)