

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2001 8:00 am
Secretary of State

02-08-2001 90165 043 ****61.25

DOCUMENT # N07852

1. Entity Name

OAKRIDGE MOBILE HOME ASSOCIATION, INC.

Principal Place of Business

5210 N. SR 33
 LOT 71
 LAKELAND FL 33805
 US

Mailing Address

5210 N SR 33
 LOT 71
 LAKELAND FL 33805
 US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

5210 N. SR. 33 lot 94

Suite, Apt. #, etc.

City & State

Lakeland Fl. 33805

Zip

Country

4. FEI Number

59-3173148

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

PAGE, HENRY

5210 N. SR 33

LOT 61

LAKELAND FL 33805

7. Name and Address of New Registered Agent

Name

SANDRA TURNER

Street Address (P.O. Box Number is Not Acceptable)

5210 n. N.SR. 33 lot 94

City

LAKELAND

FL

Zip Code

33805

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

Sandra Turner PRES.

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/6/01

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 **D** ~~XX~~Delete
 NAME **SMITH, RUTH**
 STREET ADDRESS **5210 N SR 33 10TH 73**
 CITY-ST-ZIP **LAKELAND FL 33805**

TITLE **D** ~~XXX~~Delete
 NAME **KING, ROBERT**
 STREET ADDRESS **5210 N SR 33 LOT 60**
 CITY-ST-ZIP **LAKELAND FL 33805**

TITLE **PD** ☐ Delete
 NAME **LELAND, CHARLES**
 STREET ADDRESS **5210 N SR 33 LOT 70**
 CITY-ST-ZIP **LAKELAND FL 33805**

TITLE **TD** ~~XX~~Delete
 NAME **THOMPSON, SUE**
 STREET ADDRESS **5210 SR 33 N #96**
 CITY-ST-ZIP **LAKELAND FL**

TITLE **PD** ~~XX~~
 NAME **PAGE, HENRY**
 STREET ADDRESS **5210 N SR 33 LOT 61**
 CITY-ST-ZIP **LAKELAND FL 33805**

TITLE **VD** ~~XX~~
 NAME **KESTERSON, JOHN**
 STREET ADDRESS **5210 N SR 33 LOT 70**
 CITY-ST-ZIP **LAKELAND FL**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DS** ☐ Change ☒ Addition
 NAME **CAROL BLACK**
 STREET ADDRESS **5210 N SR 33 lot 89**
 CITY-ST-ZIP **LAKELAND FL. 33805**

TITLE **Dp** ☐ Change ☒ Addition
 NAME **SANDRA TURNER**
 STREET ADDRESS **5210 N. SR 33 lot 94**
 CITY-ST-ZIP **LAKELAND FL. 33805**

TITLE **DT** ~~XX~~Change ☐ Addition
 NAME **Charles Leland**
 STREET ADDRESS **5210 N. SR. 33 lot 70**
 CITY-ST-ZIP **Lakeland Fl. 33805**

TITLE **DVP** ☐ Change ~~XX~~
 NAME **Brad O'Neil**
 STREET ADDRESS **5210 N. SR. 33 lot 99**
 CITY-ST-ZIP **Lakeland, Fl. 33895**

TITLE **D** ☐ Change ~~XX~~
 NAME **Stanley Robar**
 STREET ADDRESS **5210 N. SR. 33 lot 77**
 CITY-ST-ZIP **Lakeland Fl 33805**

TITLE **D** ☐ Change ~~XX~~
 NAME **B. Rawlston**
 STREET ADDRESS **5210 N. SR 33 lot 3**
 CITY-ST-ZIP **Lakeland, Fl. 33805**

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:

SANDRA TURNER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/6/01

CR2E037 (9/99)