

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N08420

1. Entity Name

UNIVERSAL OAKS TOWNHOME OWNERS' ASSOCIATION, INC

Principal Place of Business

329 RACETRACK ROAD NW
FORT WALTON BEACH FL 32547

Mailing Address

329 RACETRACK ROAD NW
FORT WALTON BEACH FL 32547-4601

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3032987

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SCHLATTER, DOUGLAS B.
333 RACETRACK ROAD
FORT WALTON BEACH FL 32548

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 SCHLATTER, DOUGLAS B
STREET ADDRESS 329 RACETRACK RD., NW
CITY-ST-ZIP FT WALTON BEACH FL ☐ Delete

TITLE VD
NAME SCHLATTER, HARRY L
STREET ADDRESS 2872 HAMPSHIRE
CITY-ST-ZIP CLEVELAND HTS OH ☐ Delete

TITLE ST
NAME SCHLATTER, MICHAEL
STREET ADDRESS 1524 CHLOE TERRACE
CITY-ST-ZIP SEBRING FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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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.

FILED
Feb 16, 2000 8:00 am
Secretary of State

02-16-2000 90056 010 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)