

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N08420

1. Entity Name

UNIVERSAL OAKS TOWNHOME OWNERS' ASSOCIATION, INC

**FILED**  
**Feb 04, 2002 8:00 am**  
**Secretary of State**

02-04-2002 90006 049 \*\*\*\*61.25

Principal Place of Business

Mailing Address

329 RACETRACK ROAD NW  
FORT WALTON BEACH FL 32547

329 RACETRACK ROAD NW  
FORT WALTON BEACH FL 32547

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

59-3032987

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

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

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

*Douglas B. Schlatter*  
XX

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

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

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

TITLE ☒ Change ☐ Addition  
NAME VD  
STREET ADDRESS CAROLYN SCHLATTER  
CITY-ST-ZIP 756 TONESS WAY  
FT WALTON BEACH FL 32547

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

TITLE ☒ Change ☐ Addition  
NAME ST  
STREET ADDRESS CAROLYN SCHLATTER  
CITY-ST-ZIP 756 TONESS WAY  
FT WALTON BEACH FL 32547

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

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:

*Douglas B. Schlatter*  
XX

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/17/02 (850)862-5624

Date

Daytime Phone #

CR2E037 (9/01)