

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2002 8:00 am
Secretary of State

0077253

DOCUMENT # N13019

1. Entity Name

TREE LANE VILLAGE HOMEOWNERS INC.

03-28-2002 90154 017 ****61.25

Principal Place of Business

Mailing Address

%ELMER OKSIUTA
5743 BROADMORE ST
ZEPHYRHILLS FL 33541
US

%OKSIUTA, ELMER
5743 BROADMORE ST
ZEPHYRHILLS FL 33541
US

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

59-2978386

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

OKSIUTA, ELMER
5743 BROADMORE ST
ZEPHYRHILLS FL 33541

Name **OKSIUTA, BEULAH**
 Street Address (P.O. Box Number is Not Acceptable)
5743 BROADMORE ST
 City **ZEPHYRHILLS** FL Zip Code **33541**

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 Beulah M Oksiuta, BEULAH OKSIUTA 3/18/02
 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	P	<input type="checkbox"/> Delete
NAME	SCHAUBEL, DEE	
STREET ADDRESS	5802 EXCEL ST	
CITY-ST-ZIP	ZEPHYRHILLS FL 33541	
TITLE	VP	<input type="checkbox"/> Delete
NAME	PEACOCK, MERLE	
STREET ADDRESS	5820 EXCEL ST.	
CITY-ST-ZIP	ZEPHYRHILLS FL 33541	
TITLE	S	<input type="checkbox"/> Delete
NAME	SEGORSKI, DORIS	
STREET ADDRESS	5803 BROADMORE ST	
CITY-ST-ZIP	ZEPHYRHILLS FL 33541	
TITLE	T	<input type="checkbox"/> Delete
NAME	OKSIUTA, ELMER	
STREET ADDRESS	5743 BROADMORE ST	
CITY-ST-ZIP	ZEPHYRHILLS FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	ENGEL, HELEN	
STREET ADDRESS	5740 BROADMORE ST	
CITY-ST-ZIP	ZEPHYRHILLS FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	LUCE, DOREEN	
STREET ADDRESS	5731 FIRST STREET	
CITY-ST-ZIP	ZEPHYRHILLS FL	

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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OKSIUTA, BEULAH	
STREET ADDRESS	5743 BROADMORE ST	
CITY-ST-ZIP	ZEPHYRHILLS, FL 33541	
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: Beulah M Oksiuta, BEULAH OKSIUTA 3/18/02 813-782-5270
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)