

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2000 8:00 am
Secretary of State

05-30-2000 90134 001 ***122.50

DOCUMENT # N26862

1. Entity Name

THE OAKS OF CLEARWATER, INC.

Principal Place of Business

Mailing Address

**420 BAY AVENUE
 CLEARWATER FL 34616**

**420 BAY AVENUE
 CLEARWATER FL 33756-5291**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip **33756**

Country

Zip

Country

4. FEI Number

59-2904284

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

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301-2525**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	MCHALE, GERARD A JR	
STREET ADDRESS	1601 JACKSON ST #200	
CITY-ST-ZIP	FT MYERS FL 33901	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	GIBSON, JAMES	
STREET ADDRESS	1150 EIGHTH AVE SW	
CITY-ST-ZIP	LARGO FL 33770	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	VELASCO, DENNIS	
STREET ADDRESS	8406 W GULF BLVD	
CITY-ST-ZIP	TREASURE ISLAND FL 33706	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	President	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	George Walmsley II.		
STREET ADDRESS	16th St. & Girard Ave.		
CITY-ST-ZIP	Philadelphia, PA 19130		
TITLE	Secretary/Treasurer	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Kenneth Coburn		
STREET ADDRESS	3411 Palmyra Ave		
CITY-ST-ZIP	Tampa, FL 33629		
TITLE	Asst. Secretary	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Melvin Swendsen		
STREET ADDRESS	210 Moccasint Trail N.		
CITY-ST-ZIP	Jupiter, FL 33458		
TITLE	Director	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Gerald Franoski		
STREET ADDRESS	915 Delaware St.		
CITY-ST-ZIP	Forest City, PA 18421		
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:

Dennis Velasco
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

May 25, 2000 813-839-5766

CR2E037 (9/99)