

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 20, 2001 8:00 am**  
**Secretary of State**

0068131

**DOCUMENT # N26862**

1. Entity Name

**THE OAKS OF CLEARWATER, INC.**

04-20-2001 90111 001 \*\*\*122.50

Principal Place of Business

Mailing Address

420 BAY AVENUE  
 CLEARWATER FL 34616

420 BAY AVENUE  
 CLEARWATER FL 34616

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2904284**

Applied For

Not Applicable

Zip

**33756**

Country

Zip

**33756**

Country

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 32304-2525~~

Name **Gerard M. Hale Jr.**  
 Street Address (P.O. Box Number is Not Acceptable) **1601 Jackson Street**  
**Suite 200**  
 City **FT. Meyers** **FL** Zip Code **33901**

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 registering)

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 III	
STREET ADDRESS	16 St @ Girard Ave.	PD
CITY-ST-ZIP	Philadelphia, PA 19130	
TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Melvin Swanson	
STREET ADDRESS	210 Moccasin Trail N.	SD
CITY-ST-ZIP	Jupiter, FL 33458	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gerald Franceski	
STREET ADDRESS	915 Delaware St.	D
CITY-ST-ZIP	Forest City, PA 18421	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bill Sauerman	
STREET ADDRESS	6000 Legacy Drive	D
CITY-ST-ZIP	Plano, TX 75024	
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:

*Gerard M. Hale Jr.* (Typed Name) **3/21/01** (Date)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)