

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 20, 2000 8:00 am**  
**Secretary of State**

02-20-2000 90004 032 \*\*\*\*61.25

**DOCUMENT # N26940**

1. Entity Name  
**GRAND OAKS ASSOCIATION, INC.**

Principal Place of Business <b>C/O VANGUARD MANAGEMENT          8755 TEMPLE TERR HWY          TEMPLE TERRACE FL 33637          US</b>	Mailing Address <b>C/O VANGUARD MANAGEMENT          8755 TEMPLE TERR HWY          TEMPLE TERRACE FL 33637-6729          US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>C/O VANGUARD MANAGEMENT</b> Suite, Apt. #, etc. <b>9300 N. 16<sup>th</sup> ST.</b> City & State <b>TAMPA, FL.</b> Zip <b>33612</b> Country <b>U.S.</b>	3. Mailing Address <b>Same</b> Suite, Apt. #, etc. City & State Zip Country
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4. FEI Number <b>23-2466230</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent  
**MOYER, BOB**  
**8755-TEMPLE TERR HWY**  
**TEMPEL-TERRAGE FL 33637**

7. Name and Address of New Registered Agent  
 Name  
**MOYER, BOB**  
 Street Address (P.O. Box Number is Not Acceptable)  
**9300 N. 16 ST.**  
 City  
**TAMPA** FL Zip Code  
**33612**

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 **Bob Moyer** Agent **1-25-00**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW:</b> <b>FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS

TITLE <b>PD</b>	<input type="checkbox"/> Delete
NAME <b>EVANS, GARY</b>	
STREET ADDRESS <b>4839 WILLOW DR</b>	
CITY-ST-ZIP <b>LAND O LAKES FL 34639</b>	
TITLE <b>VD</b>	<input type="checkbox"/> Delete
NAME <b>MACALUSO, RICHARD</b>	
STREET ADDRESS <b>4847 BASSWOOD ST</b>	
CITY-ST-ZIP <b>LAND O LAKES FL 34639</b>	
TITLE <b>SD</b>	<input checked="" type="checkbox"/> Delete
NAME <b>STARR, SHARON</b>	
STREET ADDRESS <b>26116 CORKWOOD CT</b>	
CITY-ST-ZIP <b>LAND O LAKES FL 34639</b>	
TITLE <b>TD</b>	<input type="checkbox"/> Delete
NAME <b>ROSENBERG, NANCY</b>	
STREET ADDRESS <b>4819 BALSAM DR</b>	
CITY-ST-ZIP <b>LAND O LAKES FL 34639</b>	
TITLE <b>D</b>	<input checked="" type="checkbox"/> Delete
NAME <b>CAGLE, FRANK</b>	
STREET ADDRESS <b>4844 BALSAM DR</b>	
CITY-ST-ZIP <b>LAND O LAKES FL 34639</b>	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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 checked="" type="checkbox"/> Addition
NAME	<b>SID CLARIC, JAMES</b>
STREET ADDRESS	<b>P.O. BOX 17323</b>
CITY-ST-ZIP	<b>TAMPA, FL 33682</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ARWOOD, GEORGE</b>
STREET ADDRESS	<b>26001 LOBLOLLY LN.</b>
CITY-ST-ZIP	<b>LAND O LAKES, FL 34639</b>
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: **GARY EVANS** **1-25-00**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)