

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 10, 2002 8:00 am**  
**Secretary of State**

0040549

04-10-2002 90652 048 \*\*\*\*61.25

**DOCUMENT # N26940**  
 1. Entity Name  
**GRAND OAKS ASSOCIATION, INC.**

Principal Place of Business <b>9360 N 16 STREET          TAMPA FL 33612          US</b>	Mailing Address <b>C/O VANGUARD MANAGEMENT          9300 N 16 STREET          TAMPA FL 33612          US</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number <b>23-2466230</b>	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**MOYER, BOB  
 9300 N 16 ST  
 TAMPA FL 33612**

7. Name and Address of New Registered Agent  
 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: *Bob Moyer - Agent* DATE: *04-05-02*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	
TITLE: <b>PD</b> <input type="checkbox"/> Delete	NAME: <b>CLARK, JAMES</b>
STREET ADDRESS: <b>P O BOX 17323</b>	CITY-ST-ZIP: <b>TAMPA FL 33682</b>
TITLE: <b>VD</b> <input checked="" type="checkbox"/> Delete	NAME: <b>ARWOOD, GEORGE</b>
STREET ADDRESS: <b>26001 LOBLOLLY LANE</b>	CITY-ST-ZIP: <b>LAND O LAKES FL 34639</b>
TITLE: <b>TD</b> <input checked="" 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>A</b> <input type="checkbox"/> Delete	NAME: <b>MOYER, BOB</b>
STREET ADDRESS: <b>9300 N 16 STREET</b>	CITY-ST-ZIP: <b>TAMPA FL 33612</b>
TITLE: <b>SD</b> <input checked="" type="checkbox"/> Delete	NAME: <b>FICCA, RICHARD</b>
STREET ADDRESS: <b>26035 LOBLOLLY LANE</b>	CITY-ST-ZIP: <b>LAND O LAKES FL 34639</b>
TITLE: <b>D</b> <input type="checkbox"/> Delete	NAME: <b>LINDSEY, JOHN</b>
STREET ADDRESS: <b>4609 BASSWOOD STREET</b>	CITY-ST-ZIP: <b>LAND O LAKES FL 34639</b>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: <b>TD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: <b>KOPEC, KATHY</b>
STREET ADDRESS: <b>26025 LOBLOLLY LANE</b>	CITY-ST-ZIP: <b>LAND O LAKES, FL 34639</b>
TITLE: <b>SD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME: <b>HAYFORD, JOHN</b>
STREET ADDRESS: <b>4720 BALSAM DR.</b>	CITY-ST-ZIP: <b>LAND O LAKES, FL 34639</b>
TITLE: <b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME: <b>STEIN, GEORGE</b>
STREET ADDRESS: <b>26210 CORKWOOD CT</b>	CITY-ST-ZIP: <b>LAND O LAKES, FL 34639</b>
TITLE: <b>PD</b> <input checked="" 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 reports 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 or without other like empowered.

**SIGNATURE:** *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: \_\_\_\_\_ Daytime Phone #: \_\_\_\_\_

CR2E037 (9/01)