

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N28289

1. Entity Name

OAKHILL FARMS, UNIT II HOMEOWNERS ASSOCIATION, I

Principal Place of Business

1057 EPPING FOREST DR.  
TALLAHASSEE FL 32311

Mailing Address

GOTTI, APRIL  
1057 EPPING FOREST DR.  
TALLAHASSEE FL 32311-8639

2. Principal Place of Business

3. Mailing Address

GOTTI, APRIL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0250023

Applied For

Not Applicable

Zip

Country

Zip

Country

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

GOTTI, APRIL  
1057 EPPING FOREST DR.  
TALLAHASSEE FL 32311

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

APRIL GOTTI (For Spelling correction only) #3 April Gotti

4-10-00

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  
NAME GOTTI, APRIL  
STREET ADDRESS 1057 EPPING FOREST DR.  
CITY-ST-ZIP TALLAHASSEE FL 32311

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VD  
NAME HOLIDAY, PATRICK  
STREET ADDRESS 1138 GREEN HILL TR.  
CITY-ST-ZIP TALLAHASSEE FL 32311

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE TD  
NAME MONTFORD, DAVID  
STREET ADDRESS 1182 GREEN HILL TRACE  
CITY-ST-ZIP TALLAHASSEE FL 32311

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE SD  
NAME MONTFORD, MAYBELLE  
STREET ADDRESS 1182 GREEN HILL TRACE  
CITY-ST-ZIP TALLAHASSEE FL 32311

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D  
NAME ANNIN, HEATH  
STREET ADDRESS 1047 EPPING FOREST DR.  
CITY-ST-ZIP TALLAHASSEE FL 32311

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-10-00

431-5709

CR2E037 (9/99)