

# 2001 UNIFORM BUSINESS REPORT (UBR)

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

02-20-2001 90070 008 \*\*\*\*61.25

**DOCUMENT # N28977**

1. Entity Name

**THE OAKS OF HARDEE COUNTY PROPERTY OWNERS' ASSOC**

Principal Place of Business

THE OAKS ASSOCIATION  
P O BOX 658  
ZOLFO SPGS FL 33890  
US

Mailing Address

P. O. BOX 658  
ZOLPHO SPRINGS FL 33890  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**NOT APPLICABLE**

Applied For

Not Applicable

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

BAKER, FRANCIS JR.  
171 TALL OAKS TRAIL  
ZOLFO SPRINGS FL 33890

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 ☐ Delete  
NAME BAKER, FRANCIS JR.  
STREET ADDRESS 171 TALL OAKS TRAIL  
CITY-ST-ZIP ZOLFO SPRINGS FL 33890

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE TD ☒ Delete  
NAME BOWES, SUZANNE M  
STREET ADDRESS 123 GOLDEN OAKS RD  
CITY-ST-ZIP ZOLFO SPRINGS FL 33890

TITLE ☒ Change ☐ Addition  
NAME FOWLER, JOHN T. JR  
STREET ADDRESS 5122 DEER RUN DRIVE  
CITY-ST-ZIP ZOLFO SPRINGS, FL 33890

TITLE SD ☒ Delete  
NAME SEPLH, YVONNE  
STREET ADDRESS 168 TALL OAKS TRAIL PO BOX 67  
CITY-ST-ZIP ZOLFO SPRINGS FL 33890

TITLE ☒ Change ☐ Addition  
NAME BATTAGLIO, JOAN  
STREET ADDRESS 21 DEER RUN DRIVE  
CITY-ST-ZIP ZOLFO SPRINGS, FL. 33890

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

**SIGNATURE REQUIRED** JOHN T. FOWLER JR. 14 FEB 01 (863) 735-8007

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)