

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N31089

1. Entity Name

THE OAKS PRESERVE MANAGEMENT ASSOCIATION, INC.

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90090 034 ****61.25

Principal Place of Business

Mailing Address

7120 S BENEVA RD
SARASOTA FL 34238
US

7120 S BENEVA RD
SARASOTA FL 34238-2850
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

57-0884474

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

PESHKIN, JOHN R
7120 S BENEVA RD
SARASOTA FL 34238

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 NAME STREET ADDRESS CITY-ST-ZIP	DP HARRISON, THOMAS 7120 S BENEVA RD SARASOTA FL 34238	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS IVN, DAVID T 7120 S BENEVA RD SARASOTA FL 34238	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT BAKAN, STEVEN A 7120 S BENEVA RD SARASOTA FL 34238	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV STRYKER, WILLIAM L DR. 17 BAYHEAD LANE OSPREY FL 34229	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PESHKIN, JOHN R 7120 S BENEVA RD SARASOTA FL 34238	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D McNeary, Timothy 7120 S. Beneva Rd Sarasota FL 34238	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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 #

CR2E037 (9/99)