

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N31381

1. Entity Name

OAK COVE, INC.

**FILED**  
**May 30, 2000 8:00 am**  
**Secretary of State**

05-30-2000 90134 001 \*\*\*122.50

Principal Place of Business

Mailing Address

420 BAY AVENUE  
CLEARWATER FL 34619

420 BAY AVENUE  
CLEARWATER FL 33756-5291

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3016707

Applied For

Not Applicable

Zip

33756

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

MCHALE, GERARD A JR  
1601 JACKSON ST  
SUITE 200  
FT MYERS FL 33901

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  
NAME MCHALE, GERARD A JR  
STREET ADDRESS 1601 JACKSON ST #200  
CITY-ST-ZIP FT MYERS FL 33901 ☒ Delete

TITLE DS  
NAME GIBSON, JAMES  
STREET ADDRESS 1150 EIGHTH AVE SW  
CITY-ST-ZIP LARGO FL 33770 ☒ Delete

TITLE DT  
NAME VELASCO, DENNIS  
STREET ADDRESS 8406 W GULF BLVD  
CITY-ST-ZIP TRUEASURE ISLAND FL 33706 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE President  
NAME George Walmsley III  
STREET ADDRESS 16th St. @ Girard Ave.  
CITY-ST-ZIP Philadelphia, PA 19130 ☐ Change ☒ Addition

TITLE Secretary/Treasurer  
NAME Kenneth Coburn  
STREET ADDRESS 3411 Palmyra Ave.  
CITY-ST-ZIP Tampa, FL 33629 ☐ Change ☒ Addition

TITLE Asst. Secretary  
NAME Melvin Swenson  
STREET ADDRESS 210 Moccasin Trail N.  
CITY-ST-ZIP Jupiter, FL 33458 ☐ Change ☒ Addition

TITLE Director  
NAME Gerald Francoski  
STREET ADDRESS 915 Delaware St.  
CITY-ST-ZIP Forest City, PA 18421 ☐ 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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

May 25, 2000

813-839-5366

CR2E037 (9/99)