

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N35797

1. Entity Name

OAKRIDGE PROPERTY OWNERS AND RECREATIONAL ASSOCI

**FILED**  
Feb 28, 2000 8:00 am  
**Secretary of State**

02-28-2000 90190 050 \*\*\*\*61.25

Principal Place of Business

Mailing Address

P.O. BOX 476  
HOLDER FL 34445  
US

P.O. BOX 476  
HOLDER FL 34445-0476  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3006599

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

HOWARD, BRIAN  
6202 N. MISTY OAK TERRACE  
BEVERLY HILLS FL 34465

Name JACK I. ANDERSON

Street Address (P.O. Box Number is Not Acceptable)  
15 W. BLUE SAGE CT.

City BEVERLY HILLS

FL

Zip Code 34465

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 JACK I. ANDERSON

2-16-00

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 P  
NAME HOWARD, BRIAN  
STREET ADDRESS 6202 N. MISTY OAK TERRACE  
CITY-ST-ZIP BEVERLY HILLS FL 34465 ☒ Delete

TITLE PRESIDENT  
NAME ARTHUR TREBON  
STREET ADDRESS 76 W. HONEY PALM LOOP  
CITY-ST-ZIP BEVERLY HILLS, FL 34465 ☒ Change ☐ Addition

TITLE T  
NAME HERMANSON, ROBERT W  
STREET ADDRESS 6170 N WHISPERING OAK LOOP  
CITY-ST-ZIP BEVERLY HILLS FL 34465 ☒ Delete

TITLE TREASURER  
NAME JACK I. ANDERSON  
STREET ADDRESS 15 W. BLUE SAGE CT.  
CITY-ST-ZIP BEVERLY HILLS, FL 34465 ☒ Change ☐ Addition

TITLE D  
NAME GLEED, JAMES  
STREET ADDRESS 27 W BLUE SAGE CT  
CITY-ST-ZIP BEVERLY HILLS FL 34465 ☐ Delete

TITLE DIRECTOR  
NAME DUANE TAYLOR  
STREET ADDRESS 6165 N. WHISPERING OAK LOOP  
CITY-ST-ZIP BEVERLY HILLS, FL 34465 ☒ Change ☐ Addition

TITLE D  
NAME DAVIS, BETTY  
STREET ADDRESS 6315 N MISTY OAK TERR  
CITY-ST-ZIP BEVERLY HILLS FL 34465 ☒ Delete

TITLE DIRECTOR  
NAME DOROTHEA HACKENZIE  
STREET ADDRESS 6326 N. MISTY OAK TERRACE  
CITY-ST-ZIP BEVERLY HILLS, FL 34465 ☒ Change ☐ Addition

TITLE D  
NAME HENKEL, LOUISE  
STREET ADDRESS 6279 N WHISPERING OAK LOOP  
CITY-ST-ZIP BEVERLY HILLS FL 34465 ☒ Delete

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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR JACK I. ANDERSON 2-16-00 352 465-1548

Date

Daytime Phone #

CR2E037 (9/99)