

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N46839

1. Entity Name

OAKBROOKE COMMUNITY ASSOCIATION, INC.

Principal Place of Business

9115 58TH DR. E
STE. A
BRADENTON FL 34202
US

Mailing Address

9115 58TH DR. E
STE. A
BRADENTON FL 34202-9188
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

65-0385476

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

LECKEY, PHILLIPS
9115 58TH DR. E. STE B
BRADENTON FL 34202

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

TITLE PD
NAME LECKEY, PHILLIP D
STREET ADDRESS 9115 58TH DR. E. STE. B
CITY-ST-ZIP BRADENTON FL 34202 ☐ Delete

TITLE VD
NAME SANDERS, LINDA K
STREET ADDRESS 9115 58TH DR. E. STE B
CITY-ST-ZIP BRADENTON FL ☐ Delete

TITLE STD
NAME CROWN-BOLTZ, KATHRYN M
STREET ADDRESS 5803 BRADEN RUN
CITY-ST-ZIP BRADENTON FL ☒ Delete

TITLE ST
NAME NEIDERT, ROBIN
STREET ADDRESS 9115 58TH DR. E STE. A
CITY-ST-ZIP BRADENTON FL 34202 ☒ Delete

TITLE DST
NAME PAUL Fleischen
STREET ADDRESS 9115 58TH DR. E. - Suite A
CITY-ST-ZIP BRADENTON, FL 34202 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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
Remove
See 1999 Filing

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

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

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

PHILLIP D. LECKEY

3/23/00

Date

Daytime Phone #

FILED
Mar 29, 2000 8:00 am
Secretary of State

03-29-2000 90049 027 ****61.25



DO NOT WRITE IN THIS SPACE