

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N47690

1. Entity Name

OAK CREST ESTATES HOMEOWNERS ASSOCIATION, INC.

**FILED**  
**Apr 17, 2000 8:00 am**  
**Secretary of State**

04-17-2000 90048 013 \*\*\*\*61.25

Principal Place of Business

Mailing Address

10442 SW 52ND CT  
OCALA FL 34476  
US

P. O. BOX 770296  
OCALA FL 34477-0296  
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

59-3104822

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

RIZZO, MICHAEL A.  
10275 SW 27TH AVE  
OCALA FL 32674

Name

Joan Rizzo

Street Address (P.O. Box Number is Not Acceptable)

10442 SW 52nd Ct.

City

Ocala

FL

Zip Code

34476

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

*Joan Rizzo*

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 RIZZO, MICHAEL A.  
STREET ADDRESS 10275 SW 27 AVE.  
CITY-ST-ZIP Ocala FL

TITLE PD ☒ Change ☐ Addition  
NAME Victor Rizzo  
STREET ADDRESS 10442 SW 52nd Ct  
CITY-ST-ZIP Ocala, Fl. 34476

TITLE D ☐ Delete  
NAME RIZZO, JOAN M.  
STREET ADDRESS 10275 SW 27 AVE.  
CITY-ST-ZIP Ocala FL

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

TITLE D ☒ Delete  
NAME RIZZO, VICTOR D.  
STREET ADDRESS 10694 SW 67TH AVE.  
CITY-ST-ZIP Ocala FL

TITLE D ☐ Change ☒ Addition  
NAME Patricia Rizzo  
STREET ADDRESS 10442 SW 52nd Ct.  
CITY-ST-ZIP Ocala, Fl. 34476

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:

*Joan Rizzo*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-00

Date

352-237-4266

Daytime Phone #

CR2E037 (9/99)