

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N48358

1. Entity Name

OAK FOREST ESTATES PROPERTY OWNERS ASSOCIATION,

**FILED**  
Feb 20, 2000 8:00 am  
Secretary of State

02-20-2000 90045 049 \*\*\*\*61.25

Principal Place of Business

RICH THURMAN  
5550 W STATE STREET  
HOMASASSA FL 34446  
US

Mailing Address

P.O. BOX 3743  
HOMOSASSA FL 34447-3743  
US

812852



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3162152

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

RICH, THURMAN  
5550 W STATE STREET  
HOMOSASSA FL 34446

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 DT  
NAME JONES, JERRY ☒ Delete  
STREET ADDRESS 5362 W ROCHELLE STREET  
CITY-ST-ZIP HOMOSASSA FL 34446

TITLE P  
NAME Jones, Jerry ☒ Change ☐ Addition  
STREET ADDRESS 5362 W. Rochelle St.  
CITY-ST-ZIP Homosassa, FL 34446

TITLE P  
NAME RICH, THURMAN ☒ Delete  
STREET ADDRESS 5550 W STATE STREET  
CITY-ST-ZIP HOMOSASSA FL

TITLE S  
NAME Kink, Diane M. ☐ Change ☒ Addition  
STREET ADDRESS 5452 W. State St.  
CITY-ST-ZIP Homosassa, FL 34446

TITLE D  
NAME STAPLES, NANCY ☒ Delete  
STREET ADDRESS 5565 W ROCHELLE ST  
CITY-ST-ZIP HOMOSASSA FL 34446

TITLE T  
NAME Staples, Nancy ☒ Change ☐ Addition  
STREET ADDRESS 5565 W. Rochelle St.  
CITY-ST-ZIP Homosassa, FL 34446

TITLE D  
NAME EVAN, KRISTINE ☒ Delete  
STREET ADDRESS 5239 W STATE STREET  
CITY-ST-ZIP HOMOSASSA FL 34446

TITLE D  
NAME Rich, Thurman ☒ Change ☐ Addition  
STREET ADDRESS 5550 W. State St.  
CITY-ST-ZIP Homosassa, FL 34446

TITLE V  
NAME HEINLE, DELL ☒ Delete  
STREET ADDRESS 5464 W ROCHELLE ST  
CITY-ST-ZIP HOMOSASSA FL

TITLE D  
NAME Ashmore, Colby ☐ Change ☒ Addition  
STREET ADDRESS 5540 W. Rochelle St.  
CITY-ST-ZIP Homosassam FL 34446

TITLE D  
NAME FENNER, RONALD ☐ Delete  
STREET ADDRESS 5327 W ROCHELLE ST  
CITY-ST-ZIP HOMOSASSA FL 34446

TITLE D  
NAME Mounts, John ☐ Change ☒ Addition  
STREET ADDRESS 5641 W. State ST.  
CITY-ST-ZIP Homosassa, FL 34446

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 Required*  
JERRY JONES  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT 2/15/00 (352) 621-0546

Date

Daytime Phone #

CR2E037 (9/99)