

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90426 020 ***61.25

DOCUMENT # *N95000002161*

1. Entity Name

*OAKHURST SQUARE II COMMUNITY PARTNER
SHIP, INC.*

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

400 E PALM AVENUE

Suite, Apt. #, etc.

3. Mailing Address

SAME

Suite, Apt. #, etc.

City & State

TAMPA, FL

City & State

Zip

33602

Country

USA

Zip

Country

4. FEI Number

SA-3311640

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

KLEIN, CARL

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

5015 N. 22ND ST

City

TAMPA

FL

Zip Code

33610

**DO NOT WRITE
IN THIS SPACE**

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

FEE IS \$61.25

Initial or Amended UBR

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
NAME
STREET ADDRESS
CITY- ST- ZIP

*D
COLE, ROBERT L, JR
11710 N TOM FOLSON RD
TAMPA, FL 33592*

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

*D
SHIPP, ROBERT
4424 ATWATER DR
TAMPA, FL 33610*

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

*D
SCOTT, ROBERT R.
3604 RIVERGROVE DR
TAMPA, FL 33610*

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

*D
JONES, LOUIS
2801 N. 17 ST
TAMPA, FL*

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

*D
MACK, MONROE
3002 ST CONRAD
TAMPA, FL*

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date:

Daytime Phone #

5/1/02 813-218-921

CR2E037B (12/01)