

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000002163

1. Entity Name

OAKHURST SQUARE I COMMUNITY PARTNERSHIP, INC.

Principal Place of Business

5015 N 22ND ST
TAMPA FL 33610

Mailing Address

5015 N 22ND ST
TAMPA FL 33610-5016

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3311642

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

Name

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

City

FL

Zip Code

COHN, ROY W
17789 A LAKE CAROLTON DR
LUTZ FL 33549

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	DP	<input type="checkbox"/> Delete
NAME	COLE, ROBERT SR	
STREET ADDRESS	11719 TOM FOLSOM RD	
CITY-ST-ZIP	TAMPA FL 33592	
TITLE	DV	<input type="checkbox"/> Delete
NAME	SHIPP, ROBERT	
STREET ADDRESS	4424 ATWATER DR	
CITY-ST-ZIP	TAMPA FL 33610	
TITLE	DS	<input type="checkbox"/> Delete
NAME	SADLER, GEORGE W REV	
STREET ADDRESS	5095 E PALM AVE	
CITY-ST-ZIP	TAMPA FL 33602	
TITLE	DT	<input type="checkbox"/> Delete
NAME	JONES, LOUIS	
STREET ADDRESS	222 FAIRTHWAY DR	
CITY-ST-ZIP	TAMPA FL 33605	
TITLE	D	<input type="checkbox"/> Delete
NAME	HAMMOND, JAMES A	
STREET ADDRESS	2505 19TH AVE	
CITY-ST-ZIP	TAMPA FL 33607	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCOTT, ROBERT R	
STREET ADDRESS	3604 RIVERGROVE DR	
CITY-ST-ZIP	TAMPA FL 33610	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED
Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90114 028 ****61.25



DO NOT WRITE IN THIS SPACE

1/11/00 (813) 237-6800
Date Daytime Phone #