

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90209 023 ****61.25

DOCUMENT # N95000005834

1. Entity Name

OAKRIDGE ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**3009 STEPHANIE DRIVE
 SPRING HILL FL 34608**

**3009 STEPHANIE DRIVE
 SPRING HILL FL 34608**



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

59-2868437

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

**PACULLI, NANCY
 3009 STEPHANIE DRIVE
 SPRING HILL FL 34608**

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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	PD ADAMS, HARRY J	3015 STEPHANIE DR	SPRING HILL FL 34608				
	D ADAMS, HARRY J	3015 STEPHANIE DRIVE	SPRING HILL FL 34608		duplicate entry		
	VD DAVINO, ISABELLE	9474 DUNKIRK RD	SPRING HILL FL 34608		VD JOHNNIE L. King	2489 OVERVIEW LANE	SPRING HILL FL 34608
	TD PASCULLI, NANCY	3009 STEPHANIE DRIVE	SPRING HILL FL 34608				
	SD DOWD, MARIE	3008 TIFFANY CRT	SPRINGHILL FL 34608				

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:

Nancy Pasculli
NANCY PASCULLI
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-9-2002
 Date

352-688-9920
 Daytime Phone #

CR2E037 (9/01)