2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2001 8:00 am
Secretary of State
05-10-2001 90163 010 ****61.25

DOCUMENT # N96000000188

1. Entity Name

OAKLEIGH RESIDENTS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2830 NW 41ST ST STE F GAINESVILLE FL 32606 US	4020 NEWBERRY RD. SUITE 500 GAINESVILLE FL 32607

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	4400 NW 36 Ave Suite, Apt. #, etc.
City & State	City & State: Gainesville Fl
Zip / Country	Zip: 32606 / Country: Alachua

4. FEI Number: 59-3436668 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

TRIPPE, PAT
2830 NW 41 ST
STE F
GAINESVILLE FL 32606

7. Name and Address of New Registered Agent

Name: Management Specialist
Street Address (P.O. Box Number is Not Acceptable): 4400 NW 36 Ave
City: Gainesville Fl **FL** Zip Code: 32606

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: Pat Trippe — Pat Trippe — 4-30-01
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	PD BROWN, LEWIS JR. 4020 NEWBERRY RD. GAINESVILLE FL 32607	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D)Pleiman, Cary PO Box 791 Sumas, WA 98295	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD BROWN, PATRICIA 4020 NEWBERRY RD. GAINESVILLE FL 32607	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BROWN, CHRISTOPHER 4020 NEWBERRY RD. GAINESVILLE FL 32607	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E037 (10/00)

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 — LEWIS BROWN JR. — 30 APRIL 2001 — 352-377-5854
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #