2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State
02-25-2002 90061 024 ****61.25

DOCUMENT # N96000000188

1. Entity Name

OAKLEIGH RESIDENTS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2630 NW 41ST ST STE F GAINESVILLE FL 32606 US	4400 NW 36 AVE GAINESVILLE FL 32606

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
MANAGEMENT SPECIALISTS 4400 NW 36th Avenue Suite, Apt. #, etc. Gainesville, FL 32606	MANAGEMENT SPECIALISTS 4400 NW 36th Avenue Suite, Apt. #, etc. Gainesville, FL 32606
City & State	City & State
Zip / Country: USA	Zip / Country: USA

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	7. Name and Address of New Registered Agent
MANAGEMENT SPECIALIST 4400 NW 36 AVE GAINESVILLE FL 32606	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	PD BROWN, LEWIS JR. 4020 NEWBERRY RD. GAINESVILLE FL 32607	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PDD Kenneth Mc Farland 12404 SW 9th Ave Newberry, FL 326069	☐ 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	VPD Van Dozier 1018 SW 126th St. Newberry, FL 326069	☐ 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	S/TD Susan McQuillian 12516 SW 9th Ave Newberry, FL 326069	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PLEIMAN, GARY PO BOX 791 SUMAS WA 98295	☒ 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
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/01)

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: Susan McQuillian SIGNATURE REQUIRED 2/6/02 352-331-1008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #