

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N96000002091**

1. Entity Name

THE OAKS UNITS, INC.**FILED****Feb 14, 2000 8:00 am**
Secretary of State

02-14-2000 90184 038 ****61.25

Principal Place of Business

Mailing Address

101 N PINE ST
UNIT 4
NEW SMYRNA BEACH FL 32169
USTHE OAKS UNITS, INC
P.O. BOX 2043
NEW SMYRNA BEACH FL 32170-2043
US

2. Principal Place of Business

3. Mailing Address

101 N. PINE ST

Suite, Apt. #, etc.

UNIT 8

Suite, Apt. #, etc.

City & State
NEW SMYRNA BEACH, FL

City & State

Zip
32169Country
FLORIDA

Zip

Country

4. FEI Number

59-3381679

Applied For

Not Applied For

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

STEPHENS, JOAN R.
101 N. PINE STREET, UNIT 8
NEW SMYRNA BEACH FL 32169

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 **P** ☒ Delete
NAME **FORD, EDWARD**
STREET ADDRESS **101 N. PINE STREET, UNIT 4**
CITY-ST-ZIP **NEW SMYRNA BEACH FL 32169**TITLE **D** ☐ Delete
NAME **GREENWOOD, LIZ**
STREET ADDRESS **101 N. PINE ST. UNIT 2**
CITY-ST-ZIP **NEW SMYRNA BEACH FL**TITLE **D** ☒ Delete
NAME **AYERS, BOB**
STREET ADDRESS **101 N PINE ST UNIT 5**
CITY-ST-ZIP **NEW SMYRNA BEACH FL**TITLE **D** ☒ Delete
NAME **STEPHENS, JOAN**
STREET ADDRESS **101 N. PINE ST. UNIT 8**
CITY-ST-ZIP **NEW SMYRNA BEACH FL 32169**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☒ Change ☐ Addition
NAME **JOAN STEPHENS**
STREET ADDRESS **101 N. PINE ST. UNIT 8**
CITY-ST-ZIP **NEW SMYRNA BEACH FL 32169**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☒ Change ☐ Addition
NAME **REINHART, JEFF**
STREET ADDRESS **101 N. PINE ST UNIT 3**
CITY-ST-ZIP **NEW SMYRNA BEACH FL 32169**TITLE **D** ☒ Change ☐ Addition
NAME **REINHART, KATHLEEN**
STREET ADDRESS **101 N PINE ST UNIT 3**
CITY-ST-ZIP **NEW SMYRNA BEACH FL 32169**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ 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: **ELIZABETH (LIZ) GREENWOOD**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TREASURER **2/5/2000** **904-409-3435**

Date

Daytime Phone #