# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Apr 11, 2002 8:00 am**
**Secretary of State**
03-04-2002 90008 042 ****61.25

DOCUMENT # N96000002091

1. Entity Name

THE OAKS UNITS, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 101 N PINE ST<br>UNIT 8<br>NEW SMYRNA BEACH FL 32169<br>US | THE OAKS UNITS, INC<br>P.O. BOX 2043<br>NEW SMYRNA BEACH FL 32169<br>US |

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 101 N PINE ST | THE OAKS UNITS, INC |
| Suite, Apt. #, etc.: UNIT 5 | Suite, Apt. #, etc.: PO BOX 2043 |
| City & State: NEWSMYRNA BEACH FL | City & State: NEW SMYRNA BEACH, FL |
| Zip: 32169 Country: VOLUSIA | Zip: 32169 Country: VOLUSIA |

4. FEI Number: 59-3381679 ☐ 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 |
|---|---|
| STEPHENS, JOAN R.<br>101 N. PINE STREET, UNIT 8<br>NEW SMYRNA BEACH FL 32169 | Name: EDNA BUTLER<br>Street Address (P.O. Box Number is Not Acceptable): 101 N. PINE ST., UNIT 5<br>City: NEW SMYRNA BEACH FL Zip Code: 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: EDNA BUTLER Edna Butler President 4/3/02
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 | P<br>STEPHENS, JOAN<br>101 N PINE ST #8<br>NEW SMYRNA BEACH FL 32169 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>BUTLER, EDNA<br>101 N. PINE ST. #5<br>NEW SMYRNA BEACH, FL 32169 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>GREENWOOD, LIZ<br>101 N. PINE ST. UNIT 2<br>NEW SMYRNA BEACH FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP D<br>GREENWOOD, LIZ<br>101 N PINE ST. #2<br>NEW SMYRNA BEACH, FL 32169 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D/VP<br>BUTLER, EDNA<br>101 N. PINE ST. #5<br>NEW SMYRNA BEACH FL 32169 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SEC D<br>JEFFREY REINHART<br>101 N PINE ST #3<br>NEW SMYRNA BEACH, FL 32169 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D/S<br>BUTLER, EDNA<br>101 W. PINE ST. #5<br>NEW SMYRNA BEACH FL 32169 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T D<br>GREENWOOD, LIZ<br>101 N. PINE ST #2<br>NEW SMYRNA BEACH, FL 32169 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
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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:** Elizabeth Greenwood (ELIZABETH GREENWOOD) Treas 3/19/02 386 409-3435
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #