

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000004556

1. Entity Name

OAK TREE MEDICAL CENTER CONDOMINIUM ASSOCIATION,

**FILED**  
**Apr 19, 2000 8:00 am**  
**Secretary of State**

04-19-2000 90087 027 \*\*\*\*61.25

Principal Place of Business

Mailing Address

90 CYPRESS WAY EAST  
NAPLES FL 34110

1110 JUNG BLVD EAST  
NAPLES FL 34120-3438  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0748668

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

SUSAN CHADICK & ASSOCIATES  
1110 JUNG BLVD EAST  
NAPLES FL 34120-3438

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 ☐ Delete  
NAME D  
STREET ADDRESS COLLINS, GREGORY A  
CITY-ST-ZIP OAK TREE MED CTR 90 CYPRESS WAY E #60-65  
NAPLES FL 34110

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME D  
STREET ADDRESS SEIBERT, KARLA A  
CITY-ST-ZIP OAK TREE MED CTR 90 CYPRESS WAY E #10  
NAPLES FL 34110

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME D  
STREET ADDRESS AUGHTON, WILLIAM G  
CITY-ST-ZIP OAK TREE MED CTR 90 CYPRESS WAY E #30  
NAPLES FL 34110

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME D  
STREET ADDRESS JENSEN, OIVND E  
CITY-ST-ZIP OAK TREE MED CTR 90 CYPRESS WAY E #20  
NAPLES FL 34110

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME D  
STREET ADDRESS GRUBBS, WILLIAM E JR  
CITY-ST-ZIP OAK TREE MED CTR 90 CYPRESS WAY E #40-45  
NAPLES FL 34110

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ 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: William G. Aughton 4/12/00 941-597-3300  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #