

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000005860

1. Entity Name

OAKWOOD CHURCH, INC.

FILED
Jan 31, 2000 8:00 am
Secretary of State

01-31-2000 90020 020 ****61.25

Principal Place of Business

Mailing Address

1900 HOWELL BRANCH ROAD #5
WINTER PARK FL 32792

1900 HOWELL BRANCH ROAD #5
WINTER PARK FL 32792-1069

2. Principal Place of Business

2908 St Augustine Dr.
Suite, Apt. #, etc.

3. Mailing Address

12472 Lake Underhill Rd
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Orlando, FL

City & State

Orlando, FL

4. FEI Number

59-3414578

Applied For

Not Applicable

Zip

32825

Country

USA

Zip

32828

Country

USA

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

ERB, JAMES L REV.

1900 HOWELL BRANCH ROAD #5
WINTER PARK FL 32792

Name

Street Address (P.O. Box Number is Not Acceptable)

Mr. Jim Erb
2908 Saint Augustine Dr
Orlando FL 32825-7143
COLONIAL WILLIAMSBURG FOUNDATION

FL

Zip Code

32828

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 | D | <input type="checkbox"/> Delete |
| NAME | ERB, JAMES L REV. | |
| STREET ADDRESS | 1900 HOWELL BRANCH ROAD #5 | |
| CITY-ST-ZIP | WINTER PARK FL 32792 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | BURNS, MICHAEL | |
| STREET ADDRESS | 3443 FOX HOLLOW DRIVE | |
| CITY-ST-ZIP | ORLANDO FL 32829 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | VAN DYKE, TERRY | |
| STREET ADDRESS | 2425 PALM CREEK AVE | |
| CITY-ST-ZIP | ORLANDO FL 32807 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | SANDERS, MARK | |
| STREET ADDRESS | 11002 FELTON COURT | |
| CITY-ST-ZIP | ORLANDO FL 32825 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|--------------------------------|--|
| TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Erb, James L Rev. | |
| STREET ADDRESS | 12472 Lake Underhill Road #316 | |
| CITY-ST-ZIP | Orlando, FL 32828 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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:

Signature of James L. Erb
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-25-00

407-230-7924

Date

Daytime Phone #