

2002 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 10, 2002 8:00 am
Secretary of State**

02-10-2002 90001 050 ****61.25

DOCUMENT # N97000003843

1. Entity Name

OAKLAND NATURE PRESERVE, INC.

Principal Place of Business

**220 TUBB STREET
OAKLAND FL 34760**

Mailing Address

**POST OFFICE BOX 98
OAKLAND FL 34760**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3464532

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****AMON, JACK
220 TUBB STREET
OAKLAND FL 34760**

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 \$61.259. 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 **PD** ☐ Delete
NAME **AMON, JACK**
STREET ADDRESS **220 TUBB ST**
CITY-ST-ZIP **OAKLAND FL 34760**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **TD** ☐ Delete
NAME **CAMPBELL, JULIANNE**
STREET ADDRESS **800 S DILLARD ST**
CITY-ST-ZIP **WINTER GARDEN FL 34787**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **VPD** ☐ Delete
NAME **DEAM, JOHN**
STREET ADDRESS **17569 SEIDNER**
CITY-ST-ZIP **WINTER GARDEN FL 34787**TITLE **VPD** ☒ Change ☐ Addition
NAME **Rolf kuhns**
STREET ADDRESS **17562 Seidner**
CITY-ST-ZIP **Winter Garden, FL 34787**TITLE **SD** ☐ Delete
NAME **PINTO, YVONNE**
STREET ADDRESS **921 SIMEON DR**
CITY-ST-ZIP **OAKLAND FL 34760**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/21/02

407 656-6611

CR2E037 (9/01)