

2000 UNIFORM BUSINESS REPORT (UBR)

70.00

DOCUMENT #

N980000002665

1. Entity Name

Oakwood Project, Inc.

Principal Place of Business

Mailing Address

8201 KONA AVE.

300 NW 12 AVE.

JACKSONVILLE, FL 32211

MIAMI, FL 33128

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

31-1599914

Applied For

Not Applied

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

William J. Deas P.A.

2215 River Blvd.

JACKSONVILLE, FL 32204

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VICE PRESIDENT/D ☐ Delete
NAME JAMES EDMONDSON
STREET ADDRESS 1350 BEVERLY RD., STE. 200
CITY-ST-ZIP MCLEAN, VA 22101

TITLE VICE PRESIDENT/D ☐ Change ☒ Addition
NAME SALVATORE MARTORANO
STREET ADDRESS 300 NW 12 AVE.
CITY-ST-ZIP MIAMI, FL 33128

TITLE PRESIDENT/D ☐ Delete
NAME AGUSTIN DOMINGUEZ
STREET ADDRESS 300 NW 12 AVE
CITY-ST-ZIP MIAMI, FL 33128

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

TITLE VICE PRESIDENT/D ☒ Delete
NAME EUGENIA ANDERSON
STREET ADDRESS 300 NW 12 AVE
CITY-ST-ZIP MIAMI, FL 33128

TITLE ☐ Change ☐ Addition
NAME 800003123968--6
STREET ADDRESS -02/04/00--01049--001
CITY-ST-ZIP *****748.75 *****70.00

TITLE VICE PRESIDENT/D ☐ Delete
NAME RUSSEL SIBLEY, JR.
STREET ADDRESS 2628 5TH AVE., NORTH
CITY-ST-ZIP ST. PETERSBURG, FL 33713

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

TITLE SECRETARY/TREASURER/D ☐ Delete
NAME CLAIRE F. RALEY
STREET ADDRESS 300 NW 12 AVE.
CITY-ST-ZIP MIAMI, FL 33128

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

TITLE DIRECTOR ☐ Delete
NAME MARY SOLGE
STREET ADDRESS 50 N. LAURA ST., 9TH FLOOR
CITY-ST-ZIP JACKSONVILLE, FL 32202

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:

SALVATORE MARTORANO

Date

Daytime Phone #

1-27-2000 305-324-5005

FILED

99 FEB -1 PM 2:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE