2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **N99000000379** Apr 05, 2000 8:00 am Secretary of State 1. Entity Name LAUREL OAK PARK HOMEOWNERS ASSOCIATION, INC. 04-05-2000 90098 005 ****61.25 Principal Place of Business Mailing Address 3711 CORTEZ ROAD WEST 3711 CORTEZ ROAD WEST **BRADENTON FL 34210 BRADENTON FL 34210-3108** 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 65.08888<u>43</u> Not Applicable \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ANN M. OLSON Street Address (P.O. Box Number is Not Acceptable) 37// Correz Koad W BARTLEY, JOHN H 3711 CORTEZ ROAD WEST **BRADENTON FL 34210** Zip Code BRADENTON 34210 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 ANN M. OLSON SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees **Department of State FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. PD Delete TITLE **Addition** TITLE KAREN BYRNES BARTLEY, JOHN M NAME NAME 37/1 CORTER RD.W. STREET ADDRESS 3711 CORTEZ ROAD WEST STREET ADDRESS BRADENTON FL 34210 CITY-ST-ZIP CITY-ST-ZIP **BRADENTON FL 34210** ■Addition **VPD X** Delete ☐ Change TITLE TITLE ANN M. OKSON LEAKE, JAMES D NAME 3711 COLTEZ RD.W. STREET ADDRESS STREET ADDRESS 3711 CORTEZ ROAD WEST BRADENTON, FL 34210 CITY-ST-ZIP CITY-ST-ZIP **BRADENTON FL 34210** ☐ Change Addition STD ☐ Delete TITLE TITLE NAME SCHIER, JAMES R NAME STREET ADDRESS STREET ADDRESS 3711 CORTEZ ROAD WEST CITY-ST-ZIP CITY-ST-7IP **BRADENTON FL 34210** Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 AND TYPED OR PRINTED MAINTEN MAINTEN