

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000003670

1. Entity Name

BAKER DAIRY OAKS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

150 W. OAK ST.  
KISSIMMEE FL 34741

Mailing Address

150 W. OAK ST.  
KISSIMMEE FL 34741

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

SAXON, RICHARD  
150 W. OAK ST.  
KISSIMMEE FL 34741

7. Name and Address of New Registered Agent

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

TITLE	PVST	<input type="checkbox"/> Delete
NAME	SAXON, RICHARD	
STREET ADDRESS	150 W. OAK ST.	
CITY-ST-ZIP	KISSIMMEE FL 34741	
TITLE	D	<input type="checkbox"/> Delete
NAME	JOHNSON, RICHARD	
STREET ADDRESS	3947 SHOREWOOD DR.	
CITY-ST-ZIP	FREEMONT MI 49412	
TITLE	D	<input type="checkbox"/> Delete
NAME	CULVER, FRED	
STREET ADDRESS	P.O. BOX 389	
CITY-ST-ZIP	MUSKEGON MI 49443	
TITLE	D	<input type="checkbox"/> Delete
NAME	SAXON, RICHARD	
STREET ADDRESS	150 W. OAK ST.	
CITY-ST-ZIP	KISSIMMEE FL 34741	
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	<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	
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 SIGNING OFFICER OR DIRECTOR

2-7-2

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

FILED  
Feb 21, 2002 8:00 am  
Secretary of State

02-21-2002 90109 013 \*\*\*\*61.25

CR2E037 (9/01)