

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000006322

1. Entity Name

OAKBRIDGE COMMERCIAL PROPERTY OWNERS' ASSOCIATIO

**FILED**  
**Apr 02, 2001 8:00 am**  
**Secretary of State**  
04-02-2001 90096 046 \*\*\*\*61.25

0001354

Principal Place of Business

3604 HARDEN BOULEVARD  
LAKELAND FL 33803  
US

Mailing Address

3604 HARDEN BOULEVARD  
LAKELAND FL 33803  
US

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

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CAMPBELL, TIMOTHY F ESQ.  
4740 CLEVELAND HEIGHTS BOULEVARD  
LAKELAND FL 33813

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 PD  
NAME BARBER, RICK  
STREET ADDRESS 3604 HARDEN BOULEVARD  
CITY-ST-ZIP LAKELAND FL 33803

Delete

TITLE VD  
NAME MARLOW, MARK  
STREET ADDRESS 3604 HARDEN BOULEVARD  
CITY-ST-ZIP LAKELAND FL 33803

Delete

TITLE STD  
NAME LONG, BUD  
STREET ADDRESS 3604 HARDEN BOULEVARD  
CITY-ST-ZIP LAKELAND FL 33803

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change Addition

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

3-27-01

P63-647-1100X223

Date

Daytime Phone #

CR2E037 (10/00)