

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000074288

1. Entity Name
OAKMARK INVESTORS, INC.

FILED
Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90247 008 ***150.00

040443



DO NOT WRITE IN THIS SPACE

Principal Place of Business 2684 WHARTON CIR TALLAHASSEE FL 32312	Mailing Address 2684 WHARTON CIR TALLAHASSEE FL 32312
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address P O Box 15361 Suite, Apt. #, etc.
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City & State Tallahassee, FL	4. FEI Number 59-3662822	Applied For ☐ Not Applicable
Zip 32317-5361	Country US	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent KUHLMANN, JOHN H 2684 WHARTON CIR TALLAHASSEE FL 32312	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City
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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 re-stating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)



FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$500.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 2001	
TITLE President	☐ Delete	TITLE ☐ Change ☐ Addition	
NAME John H. Kuhlmann		NAME	
STREET ADDRESS 2684 Wharton Cir		STREET ADDRESS	
CITY-ST-ZIP Tallahassee, FL 32312		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

John H. Kuhlmann, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Document Number

CR2E034 (10/00)