

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

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**FILED**  
**Apr 04, 2003 8:00 am**  
**Secretary of State**

007130 AV

04-04-2003 90110 027 \*\*\*150.00

**DOCUMENT # P02000029926**

1. Entity Name  
**LIVE OAK INVESTMENTS OF NORTH FLORIDA, INC.**



Principal Place of Business  
7305 NW 294TH TERRACE  
HIGH SPRINGS FL 32643

Mailing Address  
7305 NW 294TH TERRACE  
HIGH SPRINGS FL 32643

2. Principal Place of Business

3. Mailing Address  
**1827 Asbury Ave.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
**Evanston, IL**

4. FEI Number

**02-0566434**

Applied For

Not Applicable

Zip

Country

Zip  
**60201**

Country  
**USA**

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**TAYLOR, JAMES J JR**  
**420 SOUTH LAWRENCE BLVD**  
**KEYSTONE HEIGHTS FL 32656**

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. I am familiar with, and accept the obligations of registered agent.

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 \$150.00**

After May 1, 2003, Fee will be \$550.00

Make Check Payable to Florida Department of State

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 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Gary Burns 612 North Elm St. Hinsdale, IL 60521	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President John Stanz 8857 South Dunns Farm Road Maple City, MI 49664	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Jim Wiesen 1827 Asbury Ave. Evanston, IL 60201	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Mike Wiesen 7305 NW 294th Terrace High Springs, FL 32643	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 607, 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: **James J. Wiesen** 3/30/03 847-492-8557  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)