

**FILED**  
**Jun 02, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90417 019 \*\*\*150.00

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

**DOCUMENT # P02000072038**

1. Entity Name  
**OLD BRIDGE VILLAGE PARTNERS, INC.**



Principal Place of Business  
**4235 GULF OF MEXICO DRIVE  
LONGBOAT KEY, FL 34228**

Mailing Address  
**4235 GULF OF MEXICO DRIVE  
LONGBOAT KEY, FL 34228**

**55045340**



☐ CHECK HERE IF MAKING CHANGES

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

**06-1649991**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**DEITRICH, DAVID K  
1111 THIRD AVE W STE 300  
BRADENTON, FL 34205**

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's signature required when resigning.)

DATE

**FILE NOW!!! FEE IS \$160.00  
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

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 11

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>PRESIDENT CHARLES PALMER</b>	
STREET ADDRESS	<b>4235 GULF OF MEXICO DRIVE</b>	
CITY-ST-ZIP	<b>LONGBOAT KEY FL 34228</b>	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SECRETARY JOHN ALFORD</b>	
STREET ADDRESS	<b>6301 CLIFF DRIVE</b>	
CITY-ST-ZIP	<b>FT. SMITH, AR 72903</b>	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>V.P. CARLILE ROBERTS</b>	
STREET ADDRESS	<b>P.O. BOX 1861</b>	
CITY-ST-ZIP	<b>MUSKOGEE, OK 74402</b>	
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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**5-29-2003**

Date

**(918)671-9246**

Daytime Phone #

CR2E034 (10/02)