

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 10, 2003 8:00 am**  
**Secretary of State**

01-10-2003 90095 033 \*\*\*158.75

**DOCUMENT # P02000100176**

1. Entity Name  
**SILVER OAKS VILLAGE, INC.**



Principal Place of Business  
**233 SW 3RD ST  
OCALA FL 34474  
US**

Mailing Address  
**233 SW 3RD ST  
OCALA FL 34474  
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

**23-7245119**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DAWSON, GWENDOLYN  
233 SW 3RD ST  
OCALA FL 34474**

Name

**Gwendolyn B. Dawson**

Street Address (P.O. Box Number is Not Acceptable)

**233 SW 3rd Street**

City

**Ocala**

**FL**

Zip Code

**34474**

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  
**DP  
Howard L. Gunn, Jr.  
2801 SW 15th Street  
Ocala, FL 34474** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
Elnora Mitchell  
11353 NW Hwy 225  
Reddick, FL 32686** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DT  
James T. Goforth  
11299 SW 71st Terrace Road  
Ocala, FL 34476** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
Reba Overstreet  
3112 NE 4th Court  
Ocala, FL 34479** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SD  
Gwendolyn B. Dawson  
233 SW 3rd Street  
Ocala, FL 34474** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
Alamandria Barnard  
10596 SW 105th Avenue  
Ocala, FL 34481** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
Rita Podsadowski  
11290 SW 71st Terrace Road  
Ocala, FL 34476** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
Whitfield Jenkins  
2200 NW 24th Road  
Ocala, FL 34475** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
Kelvin Richardson  
3363 NE 32nd Avenue  
Ocala, FL 34479** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
Arnold Studer  
11109 SW 71st Court  
Ocala, FL 34476** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
Angelia Clifton  
1106 NE 23rd Avenue  
Ocala, FL 34471** ☐ Delete

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 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

Date

Daytime Phone #

CR2E034 (10/02)