

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Sep 05, 2000 8:00 am**  
**Secretary of State**

09-05-2000 90042 020 \*\*\*550.00

**DOCUMENT # P39108**

1. Entity Name

**OAK FINANCIAL CORPORATION**

Principal Place of Business

9121 BURNING TREE ROAD  
BETHESDA MD 20817  
US

Mailing Address

9121 BURNING TREE ROAD  
BETHESDA MD 20817  
US

2. Principal Place of Business

**165 SUGAR MILL DRIVE**

Suite, Apt. #, etc.

3. Mailing Address

**165 SUGAR MILL DRIVE**

Suite, Apt. #, etc.

City & State

**OSPREY FLORIDA**

City & State

**OSPREY FL**

4. FEI Number

**52-1627851**

Applied For

Not Applicable

Zip

Country

**34229**

**USA**

Zip

Country

**34229**

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

**RUTTER, GORHAM, JR.**  
**283 N. NORTHLAKE BLVD.**  
**STE. 111**  
**ALTAMONTE SPRINGS FL 32701**

Name

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

**165 SUGAR MILL DRIVE**

City

**OSPREY**

**FL**

Zip Code

**34229**

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

**Richard Van Blerkom, RICHARD VAN BLERKOM**

**8/26/00**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD VAN BLERKOM, RICHARD 9121 BURNING TREE ROAD BETHESDA MD 20817	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

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

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**Richard Van Blerkom**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**8/26/00**  
Date

**301-469-6345**  
Daytime Phone #

CR2E034 (5/00)