## **2001 UNIFORM BUSINESS REPORT (UBR)**

## FILED Jan 30, 2001 8:00 am Secretary of State **DOCUMENT # P39108** 1. Entity Name OAK FINANCIAL CORPORATION 01-30-2001 90207 026 \*\*\*150.00 Principal Place of Business Mailing Address 9121 BURNING TREE ROAD 9121 BURNING TREE ROAD BETHESDA MD 20817 BETHESDA MD 20817 ----2. Principal Place of Business 3. Mailing Address 145 SUGAR MILL DRIVE 165 SUGAR MILL DRIVE Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE OSPREY City & State 4. FEI Number Applied For 52-1627851 34229 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent -NameRICHARD - VAN-BLERKOM RUTTER, GORHAM, JR. Street Address (P.O. Box Number is Not Acceptable) 283 N. NORTHLAKE BLVD. STE. 111 ALTAMONTE SPRINGS FL 32701 OSPREY 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. 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. **PSD** ☐ Delete TITLE ☐ Addition VAN BLERKOM, RICHARD VAN BLERKOM, RICHARD NAME NAME 165 SUGAR MILL DRIVE STREET ADDRESS 9121 BURNING TREE ROAD STREET ADDRESS CITY-ST-ZIP BETHESDA MD 20817 CITY-ST-ZIP OSPREY, FL 34229 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE ☐ 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 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)(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.