

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000010993

1. Entity Name

OAK HILL HOMES, INC.

FILED

May 17, 2000 8:00 am
Secretary of State

05-17-2000 90846 004 ***150.00

Principal Place of Business

22513 GLEN AVE
PORT CHARLOTTE FL 33980
US

Mailing Address

22513 GLEN AVE
PORT CHARLOTTE FL 33980-8619
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0404313

Applied For

Not Applicable

Zip

Country

Zip

Country

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

HAYMANS, MICHAEL P
2315 AARON STREET
PORT CHARLOTTE FL 33952

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.

SIGNATURE

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 \$150.00
After MAY 1, 2000 Fee will be \$550.00
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 PD
NAME KRAMPERT, WILLIAM
STREET ADDRESS 22513 GLEN AVE
CITY-ST-ZIP PORT CHARLOTTE FL
Deceased ☒ Delete

TITLE STD
NAME KRAMPERT, LORETTA
STREET ADDRESS 22513 GLEN AVE
CITY-ST-ZIP PORT CHARLOTTE FL ☐ Delete

TITLE *Secretary*
NAME *Danielle Anderson*
STREET ADDRESS *23033 Glen Ave.*
CITY-ST-ZIP *Port Charlotte FL 33980* ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE *President*
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE *Secretary*
NAME *Danielle Anderson*
STREET ADDRESS *23033 Glen Ave*
CITY-ST-ZIP *Port Charlotte FL 33980* ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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: *Loretta Krampert Pres.* 4/1/2000 941-7439428
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)