

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000022361

1. Entity Name
OAK POINT CORPORATION

FILED

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business
3770 7TH TERRACE
STE 102
VERO BEACH FL 32960
US

Mailing Address
P. O. BOX 3730
VERO BEACH FL 32967
US



2. Principal Place of Business
688 OCEAN RD

3. Mailing Address
6330 MUIRLANDS DR

REINSTATEMENT

City & State
VERO BEACH FL

City & State
LA JOLLA CA

4. FEI Number **65-0476934**

Applied For
Not Applicable

Zip **32963** Country **USA**
~~INDIAN RIVER~~

Zip **92037** Country **USA**

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

SHADEK, ARTHUR J
688 OCEAN ROAD
VERO BEACH FL 32963

Name **KATHERINE F. SHADEK**

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

688 OCEAN RD

City **VERO BEACH** FL Zip Code **32963**

8. This 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: *Katherine F. Shadek*

KATHERINE F. SHADEK 10/20/00

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 requirements and elects to do so:

FILE NOW!!! FEE IS \$550.00
START SEPTEMBER 13, 2000
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	DP SHADEK, ARTHUR J 688 OCEAN RD VERO BEACH FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS SHADEK, KATHERINE F. 688 OCEAN ROAD VERO BEACH FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT BOYLE, KATHERINE S 200 WORTHINGTON AVENUE SPRING LAKE NJ	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP SHADEK, JAMES M H.G. WELLINGTON & CO., 14 WALL STREET NEW YORK NY	<input checked="" 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	DP LAURENCE A. SHADEK BOX 436 ALPINE NJ 07620	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SHADEK, KATHERINE F. 688 OCEAN RD VERO BEACH FL 32963	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS JOHN HUBER, c/o WEEKS, HOLDERBAUM, 1011 US HIGHWAY 22 BRIDGEWATER NJ 08807	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SHADEK, THOMAS F. 6330 MUIRLANDS DR VERO LA JOLLA CA 92037	<input checked="" 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

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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 another like empowered.

SIGNATURE: *Thomas Shadek* **THOMAS SHADEK TREASURER 619/276-2600**
10/20/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #