

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 26, 2001 8:00 am**
Secretary of State

04-26-2001 90286 002 ***150.00

DOCUMENT # P95000052162

1. Entity Name

THE OAKS OF ARCADIA, INC.

Principal Place of Business

**2559 SW HWY 17
ARCADIA FL 33821**

Mailing Address

**P.O. BOX 1740
ARCADIA FL 34265**

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 **65-0501248**Applied For
Not Applicable5. 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

**MULLET, JULIE A
2051 MAIN STREET
SUITE 102
SARASOTA FL 34237**

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. 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	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
P	MARDIS, WILLIAM M	4096 SW C.R. 769	ARCADIA FL 34265-1303				
VP	MARDIS, MARGARET A	4096 SW C.R. 769	ARCADIA FL 34265-1303				
ST	KINGSLEY, ANN G	3058 SE CREEKWOOD TER	ARCADIA FL 34265-1324				

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

William M. Mardis

William M Mardis

4/17/01

863-494-5700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)