

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 25, 2000 8:00 am**  
**Secretary of State**

04-25-2000 90109 032 \*\*\*150.00

**DOCUMENT # P95000077845**

1. Entity Name  
**OAK POINT DEVELOPMENT GROUP, INC.**

Principal Place of Business

Mailing Address

3770 7TH TERRACE  
 STE 102  
 VERO BEACH FL 32960  
 US

PO BOX 3730  
 VERO BCH FL 32964  
 US

2. Principal Place of Business

**5070 W A1A**

3. Mailing Address

**5070 W A1A**

Suite, Apt. #, etc.

**205**

Suite, Apt. #, etc.

**205**

City & State

**Vero Beach FL**

City & State

**Vero Beach FL**

4. FEI Number

**59-3342278**

Applied For

Not Applicable

Zip **32963** Country

Country

Zip **32963** Country

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

**CALDWELL, W W**  
**756 BEACHLAND BLVD**  
**VERO BCH FL 32963**

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 **VPAS**  Delete  
 NAME **SCHWERIN, WARREN L**  
 STREET ADDRESS **890 SEAWARD DR.**  
 CITY-ST-ZIP **INDIAN RIVER SHORES FL**

TITLE **PT**  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **VPST**  Delete  
 NAME **PROCTOR, DONALD**  
 STREET ADDRESS **218 RUDDER RD.**  
 CITY-ST-ZIP **VERO BEACH FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **PT**  Delete  
 NAME **SWANSON, J.F.**  
 STREET ADDRESS **4857 NEWPORT ISLAND DR**  
 CITY-ST-ZIP **VERO BCH FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 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 an other like empowered.

SIGNATURE: *Warren L Schwerin*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/17/00*  
 Date

*561-563-9822*  
 Daytime Phone #

CR2E034 (9/99)