

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000077845

1. Entity Name

OAK POINT DEVELOPMENT GROUP, INC.

FILED

Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90109 032 ***150.00

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 N A1A

3. Mailing Address

5070 N A1A

Suite, Apt. #, etc.

205

Suite, Apt. #, etc.

205

City & State

Vero Beach FL

City & State

Vero Beach FL

Zip

32963

Country

Zip

32963

Country

4. FEI Number

59-3342278

Applied For

Not Applicable

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

TITLE PT
NAME ☒ Change ☐ Addition

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

TITLE ☐ Change ☐ Addition

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

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

TITLE ☐ 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 another like empowered.

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

4/17/00

Date

Daytime Phone #

CR2E034 (9/99)