

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000008841

1. Entity Name

WOODLAND OAKS DEVELOPMENT, INC.

Principal Place of Business

Mailing Address

6230 SOARING AVENUE
TEMPLE TERRACE FL 33617

6230 SOARING AVENUE
TEMPLE TERRACE FL 33617

2. Principal Place of Business

5437 COMMERCIAL WAY

3. Mailing Address

5437 COMMERCIAL WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SPRING HILL, FL

City & State

SPRING HILL, FL

Zip
34606

Country
USA

Zip
34606

Country
USA

4. FEI Number

59-3489045

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

COPENHAVER, BRETT W
21342 PIESEVAT DR
LAND O LAKES FL 34639

7. Name and Address of New Registered Agent

Name
PREBEN B. CHRISTENSEN
Street Address (P.O. Box Number is Not Acceptable)
5437 COMMERCIAL WAY

City SPRING HILL, FL Zip Code
34606

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 PREBEN B. CHRISTENSEN, PD

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-16-01

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 State

10. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHRISTENSEN, PREBEN 5327 COMMERCIAL WAY D-119 SPRING HILL FL 34606	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD COPENHAVER, BRETT W 21342 PRESERVATION DR. LAND O LAKES FL 34639	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD COPENHAVER, ROGER D 6230 SOARING AVENUE TEMPLE TERRACE FL 33617	<input 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		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN-11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CHRISTENSEN, PREBEN 5437 COMMERCIAL WAY SPRING HILL, FL 34606	<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
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

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: PREBEN B. CHRISTENSEN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-01 352-596-3464

Date

Daytime Phone #

FILED

01 MAY -3 PM 2:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2034 (10/00)