

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000078875

1. Entity Name

OAKWOODS MOBILE HOME SUBDIVISION, INC.

Principal Place of Business

1501 WILLOW WICK DR.  
TALLAHASSEE FL 32312

Mailing Address

1501 WILLOW WICK DR.  
TALLAHASSEE FL 32312

2. Principal Place of Business

332 N. 10<sup>th</sup> St.

Suite, Apt. #, etc.

3. Mailing Address

332 N. 10<sup>th</sup> St.

Suite, Apt. #, etc.

City & State

Quincy, FL

City & State

Quincy, FL

Zip

32351

Country

Gadsden

Zip

32351

Country

Gadsden

4. FEI Number

59-3531803

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CAMERON, CHESTER M  
1501 WILLOW WICK DR.  
TALLAHASSEE FL 32312

Name

Kathy L. Cameron

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

332 N. 10<sup>th</sup> St.

City

Quincy

FL Zip Code 32351

7. Name and Address of New Registered Agent

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

Kathy L. Cameron, President

4-19-02

(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, 2002 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	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMERON, KATHY L		NAME	Kathy L. Cameron	
STREET ADDRESS	1501 WILLOW WICK DR.		STREET ADDRESS	332 N. 10 <sup>th</sup> St.	
CITY-ST-ZIP	TALLAHASSEE FL 32312		CITY-ST-ZIP	Quincy, FL 32351	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMERON, CHESTER M		NAME		
STREET ADDRESS	1501 WILLOW WICK DR.		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL 32312		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (9/01)

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:

Kathy L. Cameron, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-02 627-8822

Date

Daytime Phone #