

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P98000008000

1. Entity Name

Oaks Motel Management Corp

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90001 042 ***150.00

Principal Place of Business

630 S. Broad St
Brooksville, FL
34601

Mailing Address

630 S. Broad St
Brooksville, FL
34601

2. Principal Place of Business

Brooksville, FL

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

630 S. Broad St

City & State
Brooksville

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3554579

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

Sue Twyford
921 Laurel Rd
North Palm Beach FL
33408

7. Name and Address of New Registered Agent

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.

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\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE: President
NAME: Virginia Male
STREET ADDRESS: 630 S. Broad Street
CITY-ST-ZIP: Brooksville, FL 34601

TITLE: Vice President
NAME: Alan Male
STREET ADDRESS: 630 S. Broad Street
CITY-ST-ZIP: Brooksville, FL 34601

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
☐ Delete

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
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☐ 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 all other like empowered.

SIGNATURE:

Virginia M. Male
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Virginia Male 421-00

Date

Daytime Phone #

(352) 796 4807

CR2E034 (9/99)