

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2002 8:00 am**  
**Secretary of State**

05-05-2002 90234 001 \*\*\*300.00

**DOCUMENT # P99000098177**

**1. Entity Name**  
**OAK HARBOR PROPERTY MANAGEMENT, INC.**

**Principal Place of Business**  
**4755 SOUTH HARBOR DRIVE**  
**VERO BEACH FL 32967**

**Mailing Address**  
**4755 SOUTH HARBOR DRIVE**  
**VERO BEACH FL 32967**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**4. FEI Number** **65-0967254**

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**

**HENN, PETER J**  
**4755 SOUTH HARBOR DRIVE**  
**VERO BEACH FL 32967**

Name  
**Henn, Peter J.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**3755 7th Terrace 301**  
 City  
**Vero Beach, FL** Zip Code  
**32960**

**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, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

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

**11. OFFICERS AND DIRECTORS**

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

TITLE **D** ☐ Delete  
 NAME **HENN, PETER J**  
 STREET ADDRESS **3755 7TH TERRACE 301**  
 CITY-ST-ZIP **VERO BEACH FL 32960**

TITLE **DP** ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **M** ☐ Delete  
 NAME **SPILIOS, ART**  
 STREET ADDRESS **4755 S HARBOR**  
 CITY-ST-ZIP **VERO BEACH FL 32967**

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

TITLE **MVP** ☐ Delete  
 NAME **RULE, LISA A**  
 STREET ADDRESS **4720 20TH AVENUE**  
 CITY-ST-ZIP **VERO BEACH FL 32967**

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

TITLE **DVP** ☐ Delete  
 NAME **NORTH, ANNABEL**  
 STREET ADDRESS **3755 7TH TERRACE 301**  
 CITY-ST-ZIP **VERO BEACH FL 32960**

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **DST** ☐ Change ☒ Addition  
 NAME **MCLAIN, MARY**  
 STREET ADDRESS **3755 7th TERRACE 301**  
 CITY-ST-ZIP **VERO BEACH, FL 32960**

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 all other like empowered.**

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)