

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S91444

1. Entity Name

WILLA OAKS LIFESTYLES, INC.

FILED

Feb 05, 2000 8:00 am
Secretary of State

02-05-2000 90010 026 ***150.00

Principal Place of Business

652 PINE AVE
OVIEDO FL 32765
US

Mailing Address

652 PINE AVE
OVIEDO FL 32765-8952
US

2. Principal Place of Business

652 Pine Ave

3. Mailing Address

652 Pine Ave

DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Oviedo, FL

City & State

Oviedo FL

4. FEI Number

59-3088305

Applied For

Not Applicable

Zip

32765

Country

USA

Zip

32765

Country

USA

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

CLONINGER, EVELYN W.
1519 WEST BROADWAY STREET
OVIEDO FL 32765

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	PST	<input type="checkbox"/> Delete
NAME	CLONINGER, EVELYN W.	
STREET ADDRESS	1519 W. BROADWAY	
CITY-ST-ZIP	OVIEDO FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	CLONINGER, EVELYN W.	
STREET ADDRESS	1519 W. BROADWAY	
CITY-ST-ZIP	OVIEDO FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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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 #

1-27-00 407-365-