

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2002 8:00 am**  
**Secretary of State**

04-30-2002 90190 020 \*\*\*\*70.00

**DOCUMENT # N01000003608**

1. Entity Name

**THE OASIS ENRICHMENT ACADEMY, INC.**

Principal Place of Business

Mailing Address

**908 S E WILLISTON ROAD  
 GAINESVILLE FL 32641**

**POST OFFICE BOX 602  
 GAINESVILLE FL 32602**

B0079601



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3127110**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**WEST, PATRICIA  
 5217 S W 79TH TERRACE  
 GAINESVILLE FL 32608**

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

*Patricia West*

**4/11/02**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>WEST, PATRICIA R</b>	
STREET ADDRESS	<b>5217 S W 79TH TERRACE</b>	
CITY-ST-ZIP	<b>GAINESVILLE FL 32608</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MINGO, GWENUEL W</b>	
STREET ADDRESS	<b>P.O. BOX 13119 UNIVERSITY STATION</b>	
CITY-ST-ZIP	<b>GAINESVILLE FL 32604</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>CHANCEY, KERRY</b>	
STREET ADDRESS	<b>1310 N W 30TH STREET</b>	
CITY-ST-ZIP	<b>GAINESVILLE FL 32605</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>GORDON, VANESSA I</b>	
STREET ADDRESS	<b>6215 S W 81ST STREET</b>	
CITY-ST-ZIP	<b>GAINESVILLE FL 32608</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>COREY, MARCEY C</b>	
STREET ADDRESS	<b>831 N W 60TH STREET</b>	
CITY-ST-ZIP	<b>GAINESVILLE FL 32605</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>TUCKER, CAROLYN M</b>	
STREET ADDRESS	<b>5516 N W 33RD PLACE</b>	
CITY-ST-ZIP	<b>GAINESVILLE FL 32601</b>	

TITLE	<b>Treasurer</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Olivia Crawford</b>	
STREET ADDRESS	<b>413 SW 4th Ave</b>	
CITY-ST-ZIP	<b>Gainesville, FL 32601</b>	
TITLE	<b>Vice-Chair</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Nkwanda Jah</b>	
STREET ADDRESS	<b>801 SW 10th Street</b>	
CITY-ST-ZIP	<b>Gainesville, FL 32602</b>	
TITLE	<b>William Caudle</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>William Caudle</b>	
STREET ADDRESS	<b>6110 NW 29th St</b>	
CITY-ST-ZIP	<b>Gainesville, FL 32603</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Patricia West*

**4/11/02**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)