



**Companies House**

— for the record —

Company Name

**OAK TREE TRUST**

## 363s Annual Return

Company Type

**Private Company Limited By**

**Guarantee Exempt Under Sect 30**

Company Number

**2843868**

Information extracted from

Companies House records on

**25th July 2001**

- > Please check the details printed in blue on this statement.
- > If any details are wrong, strike them through and write the correct details in the "Amended details" column.
- > Please use black pen and write in capitals



### Section 1: Company details

Ref: 2843868/15/42

#### Current details

#### Amended details

- > Registered Office Address  
*If any of the details are wrong, strike them through and fill in the correct details in the "Amended details" column.*

~~Little Cornbow~~  
~~Halesowen~~  
~~West Midlands~~  
~~BB6 3AT~~

Address

10, CHURCH SQUARE  
OLDBURY  
WEST MIDLANDS

UK Postcode B69 4DX

- > Register of Members  
*If any of the details are wrong, strike them through and fill in the correct details in the "Amended details" column.*

Address where the Register is held

**At Registered Office**

Address

UK Postcode \_ \_ \_ \_ \_

- > Register of Debenture Holders  
*If any of the details are wrong, strike them through and fill in the correct details in the "Amended details" column.*

**Not Applicable**

Address

UK Postcode \_ \_ \_ \_ \_

- > Principal Business Activities  
*If any of the details are wrong, strike them through and fill in the correct details in the "Amended details" column.*

SIC Code

Description

**9305**

**Other service activities**

SIC CODE

Description

- > Please enter additional principal activity code(s) in "Amended details" column. See notes for guidance for list of activity codes.

## Section 2: Details of Officers of the Company

	Current details	Amended details
<b>&gt; Company Secretary</b> If any of the details for this person are wrong, strike them through and fill in the correct details in the "Amended details" column.  Particulars of a new Company Secretary must be notified on form 288.	<b>Name</b> <del>Doctor</del> Julian Malcolm SPARKES <del>MB CHB DRCOG</del>  <b>Address</b> 3 Reservoir Road Oldbury Warley West Midlands B68 9QQ	<b>Name</b> <u>JULIAN MALCOLM SPARKES</u>  <b>Address</b> _____ _____ _____  <b>UK Postcode</b> _ _ _ _ _ <b>Date of change</b> _ _ / _ _ / _ _ _ _ <b>Date Doctor Julian Malcolm SPARKES</b> <b>MB CHB DRCOG</b> <b>ceased to be secretary (if applicable)</b> _ _
<b>&gt; Director</b> If any of the details for this person are wrong, strike them through and fill in the correct details in the "Amended details" column.  Particulars of a new Director must be notified on form 288.	<b>Name</b> Valeria Ann MORGAN   <b>Address</b> 6 Tenterfields Halesowen West Midlands B63 3LH   <b>Date of birth</b> 17/06/1953  <b>Nationality</b> British  <b>Occupation</b> Practitioner	<b>Name</b> _____  <b>Address</b> _____ _____ _____  <b>UK Postcode</b> _ _ _ _ _ <b>Date of birth</b> _ _ / _ _ / _ _ _ _ <b>Nationality</b> _____ <b>Occupation</b> _____ <b>Date of change</b> _ _ / _ _ / _ _ _ _ <b>Date Valeria Ann MORGAN ceased to be director (if applicable)</b> _ _ / _ _ / _ _ _ _
<b>&gt; Director</b> If any of the details for this person are wrong, strike them through and fill in the correct details in the "Amended details" column.  Particulars of a new Director must be notified on form 288.	<b>Name</b> Ian Charles ROBERTSON   <b>Address</b> 87 Belvidere Road Walsall West Midlands WS1 3AU   <b>Date of birth</b> 16/05/1946  <b>Nationality</b> British  <b>Occupation</b> Dentist	<b>Name</b> _____  <b>Address</b> _____ _____ _____  <b>UK Postcode</b> _ _ _ _ _ <b>Date of birth</b> _ _ / _ _ / _ _ _ _ <b>Nationality</b> _____ <b>Occupation</b> _____ <b>Date of change</b> _ _ / _ _ / _ _ _ _ <b>Date Ian Charles ROBERTSON ceased to be director (if applicable)</b> _ _ / _ _ / _ _ _ _

## &gt; Director

If any of the details for this person are wrong, strike them through and fill in the correct details in the "Amended details" column.

Particulars of a new Director must be notified on form 288.

## Current details

Name  
~~Doctor~~ Julian Malcolm SPARKES  
~~MB CHB DRCOG~~

Address  
3 Reservoir Road  
Oldbury  
Warley  
West Midlands  
B68 9QQ

Date of birth 07/11/1956

Nationality British

Occupation ~~Company Director~~

## Amended details

Name  
JULIAN MALCOLM SPARKES

Address  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

UK Postcode \_ \_ \_ \_ \_

Date of birth \_ \_ / \_ \_ / \_ \_ \_ \_

Nationality \_\_\_\_\_

Occupation RETIRED

Date of change 07, 08, 2006

Date Doctor Julian Malcolm SPARKES  
MB CHB DRCOG ceased to be director  
(if applicable) \_ \_ / \_ \_ / \_ \_ \_ \_



Companies House

— for the record —

## 363s Annual Return Declaration

- > When you have checked all the sections of this form, please complete this page and sign the declaration below.
- > If you want to change the made up date of this annual return, please complete 2 below.

### 1. Declaration

- ☐ I confirm that the details in this annual return are correct as at the made-up-date (shown at 2 below). I enclose the filing fee of £15.

Signature

(Director / Secretary)

Date

8 / 8 / 2001

*This date must not be earlier than the return date at 2 below*

#### What to do now

*Complete this page then send the whole of the Annual Return and the declaration to the address shown at 4 below.*

### 2. Date of this return

- ☐ This AR is made up to 10/8/2001
- If you are making this return up to an earlier date, please give the date here

\_\_ / \_\_ / \_\_

*Note: The form must be delivered to CH within 28 days of this date*

### 3. Date of next return

- ☐ If you wish to change your next return to a date earlier than 10th August 2002 please give the new date here:

\_\_ / \_\_ / \_\_

### 4. Where to send this form

- ☐ Please return this form to:

Registrar of Companies  
Companies House  
Crown Way  
Cardiff CF14 3UZ

OR

For members of the Hays Document  
Exchange service  
DX 33050 Cardiff

***Have you enclosed the filing fee with the company number written on the reverse of the cheque?***

Cheque ☐ Postal Order ☐ Cheque / Postal Order  
Number \_\_\_\_\_

*(Please complete as appropriate)*

### Contact Address

Please give the name and address of the person who should be contacted if there are any queries about this form.

Contact Name

Telephone number inc code

\_\_\_\_\_

Address

3 RESERVOIR ROAD,  
OLDBURY,  
W-MIX.

DX number if applicable

\_\_\_\_\_

DX exchange

Postcode