

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # A96000001438**

1. Entity Name  
**HERITAGE OAKS, LTD.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

GO APR 21 AM 3:05




DO NOT WRITE IN THIS SPACE

Principal Place of Business  
15436 N. FLORIDA AVE., SUITE 101  
TAMPA FL 33613

Mailing Address  
15436 N. FLORIDA AVE., SUITE 101  
TAMPA FL 33613-1225

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
City & State

Zip  
Country

4. FEI Number **59-3395811** Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**MYERS, W. PARKINSON  
C/O AMNED PROPERTIES, INC.  
13902 N. DALE MABRY HWY, SUITE 165  
TAMPA FL 33618-2424**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
**c/o Amned Properties, LLC**  
**15436 N. Florida Avenue, Suite 101**  
City **Tampa** **FL** Zip Code **33613**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. Capital Contributions as Shown on record. **\$1,425,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. **MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	<b>P96000061974 CORO INVESTMENTS OF HILLSBOROUGH COUNTY IN 13902 N. DALE MABRY HWY, SUITE 165 TAMPA FL 33618-2424</b>
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13. ADDRESS CHANGES ONLY	
STREET ADDRESS CITY - ST - ZIP	<b>15436 N. Florida Avenue, Suite 101 Tampa, FL 33613</b>
STREET ADDRESS CITY - ST - ZIP	
STREET ADDRESS CITY - ST - ZIP	<b>800003247238-5 -05/10/00--01102--013 ****526.25 ****526.25</b>
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14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

**SIGNATURE:** SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date **4/17/00** Daytime Phone # **(813) 960-1006**

CR2E003 19/99