

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A14285**

1. Entity Name

**WILD OAK FARM, LTD.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 MAR -3 PM 12:18

Principal Place of Business

P.O. BOX 3256  
PENSACOLA FL 32516

Mailing Address

P.O. BOX 3256  
PENSACOLA FL 32516-3256



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**516 Lakeview Road**

Suite, Apt. #, etc.  
**Suite 8**

City & State  
**Clearwater, Florida**

Zip Country  
**33756 USA**

3. Mailing Address  
**516 Lakeview Road**

Suite, Apt. #, etc.  
**Suite 8**

City & State  
**Clearwater, Florida**

Zip Country  
**33756 USA**

4. FEI Number  
**59-2415810**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**FLYNN, THOMAS F  
516 LAKEVIEW ROAD, UNIT 8  
CLEARWATER FL 33756-3302**

7. Name and Address of New Registered Agent

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. Capital Contributions as Shown on record. **\$100.00**

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 # **P98000081954**  
NAME **CANTONMENT ONE, INC.**  
STREET ADDRESS **516 LAKEVIEW ROAD, UNIT 8**  
CITY - ST - ZIP **CLEARWATER FL 33756-3302**

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13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

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STREET ADDRESS

CITY - ST - ZIP

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: *Thomas F. Flynn* **SIGNATURE REQUIRED** As President of  
Corporate General Partner  
Thomas F. Flynn

2/29/00 727-449-1182 Ex 211  
Date Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

CR2E003 (9/99)