

2001 UNIFORM BUSINESS REPORT (UBR)

00123988 AF

RF

DOCUMENT # **A00000001667**

1. Entity Name

LLOYD T. OAKWOOD FAMILY LIMITED PARTNERSHIP

FILED

01 APR 23 AM 10:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

1345 RED COLT COURT
ASTOR FL 32102

Mailing Address

1345 RED COLT COURT
ASTOR FL 32102



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**OAKWOOD, GREGORY B
1345 RED COLT COURT
ASTOR FL 32102**

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.

\$2,000.00

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 # **P99000060228**
NAME **PROPERTY PLUS OF VOLUSIA COUNTY, INC.**
STREET ADDRESS **1345 RED COLT COURT**
CITY-ST-ZIP **ASTOR FL 32102**

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

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STREET ADDRESS

CITY-ST-ZIP

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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:

Gregory B. Oakwood
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

GREGORY B. OAKWOOD

Date

1/16/01

Daytime Phone #

CR2E003 (11/00)