

2000 UNIFORM BUSINESS REPORT (UBR)

03 2393 AF

DOCUMENT # A02870
 1. Entity Name
OAKDALE PARK, LTD.

Principal Place of Business
 1002 W. 23RD ST., SUITE 400
~~CALLER BOX 17~~
 PANAMA CITY FL 32405

Mailing Address
 1002 W. 23RD ST., SUITE 400
~~CALLER BOX 17~~
 PANAMA CITY FL 32405-3648



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

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

City & State

City & State

Zip Country Zip Country

4. FEI Number **59-1560865** Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
HENRY, ROBERT F.
1002 W. 23RD ST.
SUITE 400
PANAMA CITY FL 32405

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. **\$15,000.00**

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	CHAPMAN, JOSEPH F., III 1002 W. 23RD ST., #400 PANAMA CITY FL
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13. ADDRESS CHANGES ONLY	
STREET ADDRESS	<p>105.00 88.75 8.75 <u>202.50</u></p> <p>SECRETARY OF STATE TALLAHASSEE, FLORIDA 00 MAY -1 PM 12:28 FILED</p> <p>3000031919-6 -06/08/00--01079--001 **44346.07 ****202.50</p>
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
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CITY - ST - ZIP	
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 Joseph F. Chapman III **2/28/00** **850/769-8881**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

1661 0003 (9/99)