

# 2001 UNIFORM BUSINESS REPORT (UBR)

0013114 AF

DOCUMENT # A08000

1. Entity Name

LAKESIDE APARTMENTS LIMITED

Principal Place of Business

701 SE 7TH STREET  
STUART FL 34995

Mailing Address

701 SE 7TH STREET  
STUART FL 34995

FILED

01 FEB -5 AM 11:33

SECRETARY OF STATE



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2219602

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

OAKOWSKY, CHARLENE D.

3030 SE CYPRESS STREET 613 SE Ashley Oaks Way  
STUART FL 34997

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 fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions as Shown on record.

\$20,000.00

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

13. ADDRESS CHANGES ONLY

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
OAKOWSKY, CHARLENE  
3030 SE CYPRESS STREET  
STUART FL 34997

STREET ADDRESS  
CITY-ST-ZIP  
613 SE Ashley Oaks Way  
Stuart, FL 34997

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
F25726  
STUART LAKESIDE CORP  
701 SE. MARTIN LUTHER KING BLVD.  
STUART FL 34994

STREET ADDRESS  
CITY-ST-ZIP  
000003676060--1  
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1/16/01 561-287-11877  
Date Daytime Phone #

CR2E003 (11/00)