

# 2000 UNIFORM BUSINESS REPORT (UBR)

0013203 AF

DOCUMENT # A09520

1. Entity Name

OAK GROVE APARTMENTS, LTD.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 APR 13 AM 11:43

Principal Place of Business

Mailing Address

611 12TH STREET  
LEESBURG FL 34748

P.O. BOX 492228  
LEESBURG FL 34749-2228

2. Principal Place of Business

3. Mailing Address

613 12TH STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LEESBURG FL

City & State

4. FEI Number

59-2046775

Applied For

Not Applicable

Zip

Country

34748 USA

Zip

Country

5. Certificate of Status Desired

X

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MAGALSKI, BARBARA A

611 12TH STREET

LEESBURG FL 34748

Name

CHANGE ADDRESS

Street Address (P.O. Box Number is Not Acceptable)

613 12TH STREET

City LEESBURG

FL

Zip Code

34748

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.

\$3,000.00

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 WINDRAM, THOMAS J  
STREET ADDRESS 840 FAIRVIEW DR.  
CITY - ST - ZIP MT. DORA FL 32757

STREET ADDRESS  
CITY - ST - ZIP  
600000220046--3  
-04/28/00--01127--011  
\*\*\*\*150.00 \*\*\*\*150.00

DOCUMENT #  
NAME LOWE, JEAN W  
STREET ADDRESS 1467 SPRING LAKE RD  
CITY - ST - ZIP FRUITLAND PARK FL 34731

STREET ADDRESS  
CITY - ST - ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

STREET ADDRESS  
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/5/2000 352-383-3744  
Date Daytime Phone #