

# 2000 UNIFORM BUSINESS REPORT (UBR)

0096000

CR2E003 (9/99)

DOCUMENT # **A15772**

1. Entity Name

**OAKHILLS VILLAGE, LTD.**

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 APR 20 AM 3:05

Principal Place of Business

C/O STEINER & ASSOCIATES.  
5012 LEMON STREET  
TAMPA FL 33609

Mailing Address

C/O STEINER & ASSOCIATES.  
5012 LEMON STREET  
TAMPA FL 33609-1104



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**4300 W CYPRESS ST**

Suite, Apt. #, etc.

**SUITE 150**

City & State

**TAMPA, FL 33607**

Zip  
**33607**

Country

3. Mailing Address

**4300 W CYPRESS ST**

Suite, Apt. #, etc.

**SUITE 150**

City & State

**TAMPA FL**

Zip  
**33607**

Country

**USA**

4. FEI Number

**59-2514384**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

~~STEINER, NELSON C.~~

~~5012 LEMON STREET~~

~~TAMPA FL 33609~~

7. Name and Address of New Registered Agent

Name

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

**4300 W. CYPRESS ST**

**SUITE 150**

City **TAMPA**

**FL**

Zip Code **33607**

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

**NELSON C. STEINER**

9. Capital Contributions  
as Shown on record.

**\$206,866.68**

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 **STEINER, NELSON C.**  
STREET ADDRESS **5012 LEMON STREET**  
CITY - ST - ZIP **TAMPA FL**

DOCUMENT #  
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CITY - ST - ZIP

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STREET ADDRESS  
CITY - ST - ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS **4300 W. CYPRESS ST SUITE 150**  
CITY - ST - ZIP **TAMPA, FL 33607**

STREET ADDRESS **300003245973--4**  
CITY - ST - ZIP **-05/09/00--01135--009**  
**\*\*\*526.25 \*\*\*526.25**

STREET ADDRESS  
CITY - ST - ZIP

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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: ✓

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**NELSON C. STEINER**

Date

Daytime Phone #

**3/29/00 (813) 350 9399**