

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A93000000944**

1. Entity Name

**OAKS AT THE POLO CLUB, LTD.**

Principal Place of Business  
5752 VINTAGE OAKS CIRCLE  
DELRAY BEACH FL 33484

Mailing Address  
5752 VINTAGE OAKS CIRCLE  
DELRAY BEACH FL 33484-6422

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 MAY -1 PM 12:06



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0438907**

Applied For  
Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**COBER CORPORATE AGENTS, INC.**  
**2601 SOUTH BAYSHORE DRIVE, 19TH FLOOR**  
**MIAMI FL 33133**

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.

**\$4,000,000.00**

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 # **A93000000943**  
NAME **VINTAGE PROPERTIES V, LTD.**  
STREET ADDRESS **5752 VINTAGE OAKS CIRCLE**  
CITY - ST - ZIP **DELRAY BEACH FL 33496**

STREET ADDRESS

CITY - ST - ZIP

**100003278801--9**  
**-06/06/00--01095--020**  
**\*\*\*\*\*526.25 \*\*\*\*\*526.25**

DOCUMENT #  
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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:

**SIGNATURE REQUIRED**  
*Adeline Sutton*

*4/28/00*  
Date

*561-496-7899*  
Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER