

# 2002 UNIFORM BUSINESS REPORT (UBR)

0012702 AT

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**

**FILED**  
**02 APR 24 PM 2:45**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business		3. Mailing Address		DUE BY MAY 1, 2002	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number <b>65-0438907</b>	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>COBER CORPORATE AGENTS, INC. 2601 SOUTH BAYSHORE DRIVE, 19TH FLOOR MIAMI FL 33133</b>		Name <b>Eugene N. Suttin</b>	
		Street Address (P.O. Box Number is Not Acceptable)	
		<b>5752 Vintage Oaks Cr.</b>	
		City <b>Delray Beach</b>	FL Zip Code <b>33484</b>

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 **Eugene N. Suttin** DATE **4/15/02**

Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. <b>\$4,000,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**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	<b>A93000000943 VINTAGE PROPERTIES V, LTD. 5752 VINTAGE OAKS CIRCLE DELRAY BEACH FL 33496</b>	STREET ADDRESS	
		CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	
		CITY-ST-ZIP	<b>700005482027--2</b>
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	<b>-05/07/02--01084--003</b>
		CITY-ST-ZIP	<b>****526.25 ****526.25</b>
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	
		CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	
		CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS 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** **Eugene N. Suttin** **4/15/02** **561-496-7899**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/01)