

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A94000001590**

1. Entity Name

OXFORD MANOR APARTMENTS OF GAINESVILLE, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR 24 AM 9:57



DO NOT WRITE IN THIS SPACE

Principal Place of Business
6110 NW 1ST PL. STE. A
GAINESVILLE FL 32607

Mailing Address
6110 NW 1ST PL. STE. A
GAINESVILLE FL 32607-6019

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3279561** 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

SHEY, LAURA
6110 NW 1ST PL., STE. A
GAINESVILLE FL 32607

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 *Laura Shey, President* DATE **3-23-00**
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))

9. Capital Contributions as Shown on record. **\$2,628,333.00** 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 #	346029	STREET ADDRESS	
NAME	SHEY ASSOCIATES, INC.	CITY - ST - ZIP	
STREET ADDRESS	6110 NW 1ST PLACE #A		
CITY - ST - ZIP	GAINESVILLE FL 32607		
DOCUMENT #		STREET ADDRESS	900003195499--4
NAME		CITY - ST - ZIP	-04/04/00--01081--020
STREET ADDRESS			****526.25 ****526.25
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		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: *President of Shey Inc.* DATE **3-23-00**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

CR2E003 (9/99)