

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A95000001232**

1. Entity Name

WHITE OAK DEVELOPMENT, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB 25 AM 11:54



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**5471 CYNTHIA LANE
SARASOTA FL 34235**

Mailing Address
**P.O. BOX 10232
SARASOTA FL 34278-0232**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3327426**
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

**MCNABB, DAVID
5471 CYNTHIA LANE
SARASOTA FL 34235**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. **\$20,000.00** 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 #	P95000038201	STREET ADDRESS	
NAME	ANCIENT OAKS, INC.	CITY - ST - ZIP	
STREET ADDRESS	5471 CYNTHIA LANE		
CITY - ST - ZIP	SARASOTA FL 34232		
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	200003170262--2
NAME		CITY - ST - ZIP	-03/15/00--01005--018
STREET ADDRESS			****228.75 ****228.75
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
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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: **David McNabb** 2/19/00 941-379-2946
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/99)