

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A96000001112**

1. Entity Name

TOM ED OAKLEY FAMILY LIMITED PARTNERSHIP

APPROVED
AND
FILED

01 JUN 14 AM 9:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**101 ALTURAS BABSON PARK CUTOFF ROAD
LAKE WALES FL 33853**

Mailing Address
**2633 EAGLE COURT
LAKE WALES FL 33853**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3374535**

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

**MYERS, CORNEAL B
130 E. CENTRAL AVENUE
LAKE WALES FL 33853**

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.

\$7,532,712.00

10. Amount of Capital Contributions
in FLORIDA to date.

(\$119,721)

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 #	
NAME	OAKLEY, TOM ED
STREET ADDRESS	2633 EAGLE COURT
CITY-ST-ZIP	LAKE WALES FL 33853
DOCUMENT #	
NAME	OAKLEY, PATRICIA A
STREET ADDRESS	2633 EAGLE COURT
CITY-ST-ZIP	LAKE WALES FL 33853
DOCUMENT #	
NAME	OAKLEY, THOMAS E
STREET ADDRESS	P.O. BOX 4170
CITY-ST-ZIP	LAKE WALES FL 33853
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	06/15/01-01106-020
STREET ADDRESS	***526.25 ***526.25
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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: *Tom Ed Oakley*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4-29-01

Date

828-456-

Daytime Phone # **5215**

CR2E003 (11/00)