

# 2001 UNIFORM BUSINESS REPORT (UBR)

0001203 AF

DOCUMENT # **A96000001217**

1. Entity Name

**PLANTATION OAKS, LTD.**

**FILED**

01 APR -4 AM 9:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business: **300 INTERNATIONAL PARKWAY, SUITE 270 HEATHROW FL 32746**  
Mailing Address: **300 INTERNATIONAL PARKWAY, SUITE 270 HEATHROW FL 32746**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number **59-3385386** Applied For Not Applicable

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

**CAHALL, PETER S  
300 INTERNATIONAL PARKWAY, SUITE 270  
HEATHROW FL 32746**

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. **\$100.00** 10. Amount of Capital Contributions in FLORIDA to date. **100.00** 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 #	<b>P96000041665</b>	STREET ADDRESS	
NAME	<b>NEWPORT PLANTATION PARTNERS, INC.</b>	CITY-ST-ZIP	
STREET ADDRESS	<b>300 INTERNATIONAL PARKWAY, SUITE 270</b>	STREET ADDRESS	<b>100004035091--9</b>
CITY-ST-ZIP	<b>HEATHROW FL 32746</b>	CITY-ST-ZIP	<b>-04/20/01--01053--015</b>
DOCUMENT #		CITY-ST-ZIP	<b>****141.25 ****141.25</b>
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STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP		STREET ADDRESS	

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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER **3/28/01 (407) 333-2905** Date Daytime Phone #

CR2E003 (11/00)