

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A97000000121

1. Entity Name

WATER OAKS OF LAKELAND, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 MAR 17 PM 6:00

Principal Place of Business
5950 IMPERIALAKES BLVD.
MULBERRY FL 33860

Mailing Address
5950 IMPERIALAKES BLVD.
MULBERRY FL 33860-8670



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3436271**

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

CHRITTON, CHARLES P
5300 SOUTH FLORIDA AVENUE
LAKELAND FL 33807

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

9. Capital Contributions as Shown on record. **\$200,050.00**

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 # **P96000091243**
NAME **BYRNE & MOORE ASSOCIATES, INC.**
STREET ADDRESS **5950 IMPERIALAKES BLVD.**
CITY - ST - ZIP **MULBERRY FL 33860**

STREET ADDRESS
CITY - ST - ZIP
000003187400--1
-03/28/00--01074--009
*****526.25 ***526.25**

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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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2/7/2000
Date

941-646 5066
Daytime Phone #

CR 001/0001