

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A97000000215**

1. Entity Name

OASIS GARDENS LIMITED PARTNERSHIP

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB -2 PM 2:02



Principal Place of Business

**313 CONGRESS STREET
BOSTON MA 02210**

Mailing Address

**313 CONGRESS STREET
BOSTON MA 02210-1218**

2. Principal Place of Business

3. Mailing Address

C/o The Gatehouse Group, INC

Suite, Apt. #, etc.

Suite, Apt. #, etc.

313 Congress St.

City & State

City & State

BOSTON, MA

Zip

Country

Zip

Country

02210-1218 USA

DO NOT WRITE IN THIS SPACE

58-2346735

4. FEI Number

APPLIED FOR

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

**MCDONOUGH, BRIAN
STEARNS WEAVER MILLER WEISSLER ET AL
150 WEST FLAGLER STREET
MIAMI FL 33130**

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.

\$100.00

10. Amount of Capital Contributions
in FLORIDA to date.

\$100 -

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 # **M97000000026**
NAME **GHG GARDENS, LLC**
STREET ADDRESS **% GATEHOUSE DEV. INC., 313 CONGRESS ST.**
CITY - ST - ZIP **BOSTON MA 02210**

STREET ADDRESS

CITY - ST - ZIP

800003127628-2

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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1-11-00

Date

(617) 345-9300

Daytime Phone #