

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A97000001076

1. Entity Name
OAKS AT LAKE MARY, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR 13 AM 10:03



Principal Place of Business
921 DOUGLAS AVE., STE. 200
ALTAMONTE SPRINGS FL 32714

Mailing Address
921 DOUGLAS AVE., STE. 200
ALTAMONTE SPRINGS FL 32714-5202

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number 59-3447021 ☐ Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
LAFRENIERE, STEPHEN J
921 DOUGLAS AVE., STE. 200
ALTAMONTE SPRINGS FL 32714

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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

Capital Contributions as Shown on record. \$196,000.00

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.

GENERAL PARTNER INFORMATION		ADDRESS CHANGES ONLY	
DOCUMENT #	P97000041883	STREET ADDRESS	
NAME	OLM OF CENTRAL FLORIDA, INC.	CITY - ST - ZIP	
STREET ADDRESS	921 DOUGLAS AVENUE SUITE 200		
Y - ST - ZIP	ALTAMONTE SPRINGS FL 32714		
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
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Y - ST - ZIP			

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** **2/29/00 - (407) 786-4001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER **Date** **Daytime Phone #**

Stephen J. LaFreniere

CR2E003 (9/99)