

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A97000002768**

1. Entity Name

**LINKSCORP FLORIDA OAKS, LTD.**

Principal Place of Business

**245 WAUKEGAN ROAD, SUITE 204  
NORTHFIELD IL 60093**

Mailing Address

**245 WAUKEGAN ROAD, SUITE 204  
NORTHFIELD IL 60093-2761**

**FILED**

**00 OCT 13 PM 4 13**

**SECRETARY OF STATE**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**1500 OAKS BLVD  
Suite, Apt. #, etc.**

3. Mailing Address

**2201 Waukegan Road,  
Suite, Apt. #, etc.  
Suite W-100**

City & State

**Kissimmee, FL**

City & State

**Bannockburn, IL 60015-1577**

4. FEI Number

**36-4204077**

Applied For

Not Applicable

Zip

**34746**

Country

**USA**

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**C J CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

7. Name and Address of New Registered Agent

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.

**\$300,000.00**

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.**

12. GENERAL PARTNER INFORMATION

DOCUMENT # **M00000002139**  
NAME **LINKSCORP, L.L.C.**  
STREET ADDRESS **2201 Waukegan Road, Ste. W-100**  
CITY-ST-ZIP **Bannockburn, IL-60015-1577**

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13. ADDRESS CHANGES ONLY

STREET ADDRESS

**600003436886--4**

CITY-ST-ZIP

**-10/24/00-01070-001**

**\*\*\*\*526.25 \*\*\*\*526.25**

STREET ADDRESS

CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #