

2002 UNIFORM BUSINESS REPORT (UBR)

0018564 AB

DOCUMENT # A98000000947

1. Entity Name
OAKLAND UNIVERSITY ASSOCIATES LTD.

FILED

02 JAN 30 PM 12:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
33 SOUTH SERVICE ROAD
JERICHO NY 11753

Mailing Address
33 SOUTH SERVICE ROAD
JERICHO NY 11753

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

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

DUE BY MAY 1, 2002

4. FEI Number 11-3434677
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
SHAHADY, JOHN J ESQ.
HOUSTON & SHAHADY
316 NE 4TH STREET
FT. LAUDERDALE FL 33301

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

9. Capital Contributions as Shown on record. **\$80,850.00**

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 #	A98000000946	STREET ADDRESS	200004882932--7
NAME	OAKLAND UNIVERSITY MANAGMENT ASSOC. LTD.	CITY-ST-ZIP	02/06/02 01038 004
STREET ADDRESS	33 SOUTH SERVICE ROAD		****526.25 ****526.25
CITY-ST-ZIP	JERICHO NY 11753-1006		
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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]* **VICE President** 1/11/02 516-333-2000 X118

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

CR2E003 (9/01)