

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

0013290 A

DOCUMENT # A98000002716

1. Entity Name

OAKCREST CAPITAL PARTNERS, LTD.

00 APR -4 AM 11:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*my 4/19*

Principal Place of Business

C/O EURO AMERICAN MANAGEMENT, INC.  
4350 WEST CYPRESS STREET, SUITE 250  
TAMPA FL 33607

Mailing Address

C/O EURO AMERICAN MANAGEMENT, INC.  
4350 WEST CYPRESS STREET, SUITE 250  
TAMPA FL 33607-4190



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3558584

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

KENNEDY, KRISTEN  
4350 WEST CYPRESS STREET, SUITE 250  
TAMPA FL 33607

7. Name and Address of New Registered Agent

Name

Ameuro Management, Inc

Street Address (P.O. Box Number is Not Acceptable)

4350 W Cypress Street, Ste 250

City

Tampa

FL

Zip Code

33607

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.

\$2,525,000.00

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 # P98000101115  
NAME EURO XIII, INC.  
STREET ADDRESS 4350 WEST CYPRESS STREET, SUITE 250  
CITY - ST - ZIP TAMPA FL 33607

DOCUMENT #  
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STREET ADDRESS  
CITY - ST - ZIP

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DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY - ST - ZIP

300003222609--5

04/25/00-01031-005

\*\*\*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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/99)