

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A99000001162**

1. Entity Name

WHITE OAK INVESTMENT LIMITED PARTNERSHIP

FILED

02 MAY -3 PM 3: 05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

**863 GRANVILLE DRIVE
WINTER PARK FL 32789**

Mailing Address

**863 GRANVILLE DRIVE
WINTER PARK FL 32789**



2. Principal Place of Business

200 LAKE AVENUE NE

3. Mailing Address

200 LAKE AVENUE NE

Suite, Apt. #, etc.

UNIT # 506

Suite, Apt. #, etc.

UNIT # 506

City & State

LARGO, FL

City & State

LARGO, FL

DUE BY MAY 1, 2002

4. FEI Number

59-3590627

Applied For

Not Applicable

Zip

33771

Country

USA

Zip

33771

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DAVIS, ELEANOR M

863 GRANVILLE DRIVE

WINTER PARK FL 32789

7. Name and Address of New Registered Agent

Name

DAVIS, ELEANOR H.

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

200 LAKE AVENUE NE, UNIT # 506

City **LARGO**

FL

Zip Code

33771

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: *Eleanor M. Davis*

4/28/02

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

DATE

9. Capital Contributions as Shown on record.

\$3,000,000.00

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 #
NAME **DAVIS, ELEANOR M**
STREET ADDRESS **863 GRANVILLE DRIVE**
CITY-ST-ZIP **WINTER PARK FL 32789**

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STREET ADDRESS
CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS **200 LAKE AVENUE NE**
CITY-ST-ZIP **LARGO, FL 33771**

STREET ADDRESS
CITY-ST-ZIP **700005577727--3**
05/21/02 01071-018
*******526.25 *****526.25**

STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

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:

Eleanor M. Davis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/28/02

Date

(727) 587-0111

Daytime Phone #

CR2E003 (9/01)