

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0014336 AT

DOCUMENT # A99000001162

1. Entity Name
WHITE OAK INVESTMENT LIMITED PARTNERSHIP



FILED

03 APR 15 PM 2:48

Principal Place of Business
200 LAKE AVE. NE, UNIT 506
LARGO FL 33771

Mailing Address
200 LAKE AVE. NE, UNIT 506
LARGO FL 33771

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3590627

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DAVIS, ELEANOR M
200 LAKE AVE. NE, UNIT 506
LARGO FL 33771

Name
Linda Fernandez

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

216 Palm Island SW

Clearwater

FL

Zip Code 33767

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Linda Fernandez*
Signature, typed or printed name of registered agent and title if applicable.

4/8/03

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 FL. 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 #
NAME
STREET ADDRESS
CITY-ST-ZIP
DAVIS, ELEANOR M
200 LAKE AVE. NE, UNIT 506
LARGO FL 33771

STREET ADDRESS

CITY-ST-ZIP

200016081972
04/15/03--01087--019 **526.25

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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: *Eleanor M Davis*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/8/03 (727) 461-1950

Date Daytime Phone #

CR2E003 (10/02)