

# 2000 UNIFORM BUSINESS REPORT (UBR)

UNIFORM BUSINESS REPORT

**DOCUMENT # A99000001590**

1. Entity Name  
**OAK POINTE VILLAS, LTD.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

**00 MAR 10 PM 3: 03**



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
**3300 SOUTH HIAWASSEE ROAD, SUITE 107  
ORLANDO FL 32835**

Mailing Address  
**P.O. BOX 4961  
ORLANDO FL 32802-4961**

2. Principal Place of Business  
**800 N. HIGHLAND AVE**

3. Mailing Address

Suite, Apt. #, etc.  
**SUITE 200**

City & State  
**ORLANDO, FL**

City & State

Zip  
**32803**

Country  
**USA**

4. FEI Number  
**59-3601514**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**B&C CORPORATE SERVICES OF CENTRAL FL, INC.  
390 NORTH ORANGE AVE., SUITE 1100  
ORLANDO FL 32801**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. Capital Contributions as Shown on record. **\$50.00**

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 #	<b>P99000086283</b>
NAME	<b>OAK POINTE VILLAS, INC.</b>
STREET ADDRESS	<b>3300 SOUTH HIAWASSEE ROAD, SUITE 107</b>
CITY - ST - ZIP	<b>ORLANDO FL 32835</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDRESS CHANGES ONLY

STREET ADDRESS	<b>800 N. HIGHLAND AVE., SUITE 200</b>
CITY - ST - ZIP	<b>ORLANDO, FL 32803</b>
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	<b>300003172473--2</b>
CITY - ST - ZIP	<b>03/16/00--01060--001</b>
	<b>****141.25 ****141.25</b>
STREET ADDRESS	<b>3/10/00</b>
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: **STEVEN G. KROPP, PRESIDENT** **SIGNATURE REQUIRED** **3-1-00** **407/297-1600**

DATE: \_\_\_\_\_ DAYTIME PHONE #: \_\_\_\_\_

CR2E003 (9/99)