

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A99000002010**

1. Entity Name

VINTAGE OAKS LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 19 AM 11:43

Principal Place of Business

7000 W PALMETTO PARK ROAD, SUITE 200
BOCA RATON FL 33433

Mailing Address

7000 W PALMETTO PARK ROAD, SUITE 200
BOCA RATON FL 33433-3430

2. Principal Place of Business

5196 LAKE CATALINA DR.

3. Mailing Address

Suite, Apt. #, etc.

City & State

BOCA RATON FL.

City & State

Zip

33433

Country

U.S.A.

Country

4. FEI Number

65-0969558

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

GARELLEK, STEVEN

7000 W PALMETTO PARK ROAD, SUITE 200
BOCA RATON FL 33433

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

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.

\$100,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

1,000

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 APPLEBAUM, JEFFREY MARC
STREET ADDRESS 7000 W PALMETTO PARK ROAD, SUITE 200
CITY - ST - ZIP BOCA RATON FL 33433

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13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

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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)