

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B98000000696

1. Entity Name

OAKRIDGE PLAZA PARTNERS, LTD.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 APR 25 AM 3:05

Principal Place of Business

C/O WILLIAM SUDELLA  
909 FANNIN, 1400 TWO HOUSTON CENTER  
HOUSTON TX 77010-1006

Mailing Address

250 NORTH WESTLAKE BLVD., SUITE 240  
THOUSAND OAKS CA 91362-7012



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

11111 KATY FREEWAY  
Suite, Apt. #, etc.  
404

Suite, Apt. #, etc.

City & State

HOUSTON, TX

City & State

Zip

77079

Country

USA

Zip

Country

4. FEI Number

74-2713229

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

CORPORATION SERVICE COMPANY

1201 HAYS STREET

TALLAHASSEE FL 32301-2525

Name

SCOTT CROSSMAN

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

214 ANDER STREET

City

ORLANDO

FL

Zip Code  
32806

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)

4-3-00  
DATE

9. Capital Contributions  
as Shown on record.

\$1,000,000.00

10. Amount of Capital Contributions  
in FLORIDA to date.

1,000,000.00

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

13. ADDRESS CHANGES ONLY

DOCUMENT # P98000101544  
NAME SSIC, INC.  
STREET ADDRESS 250 N. WESTLAKE BLVD., SUITE 240  
CITY - ST - ZIP THOUSAND OAKS CA 91362

STREET ADDRESS

CITY - ST - ZIP

000003257800--7

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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

4-1-00

Date

805-777-1177

Daytime Phone #

CR2E003 (9/99)