

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B98000000696

1. Entity Name

OAKRIDGE PLAZA PARTNERS, LTD.

FILED

02 MAR 15 AM 9:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

250 N. WESTLAKE BLVD., STE. #240  
THOUSAND OAKS CA 91362

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

74-2713229

Applied For

Not Applicable

Zip

Country

Zip

Country

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

SCOTT CROSSMAN  
214 ANNIE STREET  
ORLANDO FL 32806

Name  
Scott Crossman

Street Address (P.O. Box Number is Not Acceptable)  
2464 E. Michigan Street

City Orlando

FL

Zip Code  
32306

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.

3-6-02  
DATE

9. Capital Contributions  
as Shown on record.

\$1,000,000.00

10. Amount of Capital Contributions  
in FLORIDA to date.

1,000,000.

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

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

DOCUMENT #  
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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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2-6-02

805-777-1177

Date

Daytime Phone #

0018138 AT

CR2E003 (9/01)