

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2000 8:00 am
Secretary of State
03-13-2000 90016 020 ***150.00

DOCUMENT # F99000005119

1. Entity Name
SOUTHERN OAKS APARTMENTS CORPORATION

Principal Place of Business Mailing Address
LAING **C/O LAING**
LUCINDA AVE **701 LUCINDA AVE**
IL 60115 **DEKALB IL 60115-5605**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
13533 N 15th St
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
TAMPA, FLORIDA
Zip Country Zip Country
33613 USA

4. FEI Number **36-4289764** Applied For
Not Applicable
5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
LAING, CHARLES W
13533 N 15TH
TAMPA FL 33613

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. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐
FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State
10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	CP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LAING, CHARLES W			NAME			
STREET ADDRESS	701 LUCINDA AVE			STREET ADDRESS			
CITY-ST-ZIP	DEKALB IL 60115			CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ROYER, TIM			NAME			
STREET ADDRESS	2766 COUNTRY CLUB LANE			STREET ADDRESS			
CITY-ST-ZIP	DEKAULB IL 60115			CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LAING, CHARLES			NAME			
STREET ADDRESS	701 LUCINDA AVE			STREET ADDRESS			
CITY-ST-ZIP	DEKALB IL 60115			CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BAHEN, PATRICIA A			NAME			
STREET ADDRESS	326 EDWARD			STREET ADDRESS			
CITY-ST-ZIP	SYCAMORE IL 60178			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Patricia A. Bahen* *President* 3/1/00 (815) 758-1100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)