

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F99000005119

FILED  
Jul 10, 2003  
Secretary of State

**Entity Name:** SOUTHERN OAKS APARTMENTS CORPORATION

**Current Principal Place of Business:**

C/O LAING  
13533 N 15TH ST  
TAMPA, FL 33613

**New Principal Place of Business:**

**Current Mailing Address:**

C/O LAING  
701 LUCINDA AVE  
DEKALB, IL 60115

**New Mailing Address:**

**FEI Number:** 36-4289764

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LAING, CHARLES W  
13533 N 15TH  
TAMPA, FL 33613 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( )**

**OFFICERS AND DIRECTORS:**

Title: CP ( ) Delete  
Name: LAING, CHARLES W  
Address: 701 LUCINDA AVE  
City-St-Zip: DEKALB, IL 60115

Title: V ( ) Delete  
Name: ROYER, TIM  
Address: 2766 COUNTRY CLUB LANE  
City-St-Zip: DEKAULB, IL 60115

Title: S ( ) Delete  
Name: LAING, CHARLES  
Address: 701 LUCINDA AVE  
City-St-Zip: DEKALB, IL 60115

Title: T ( ) Delete  
Name: BAHEN, PATRICIA A  
Address: 326 EDWARD  
City-St-Zip: SYCAMORE, IL 60178

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICIA A. BAHEN

T

07/10/2003

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date