

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # K66607**

1. Entity Name

OXFORD PROPERTIES FLORIDA, INC.**FILED**
Mar 16, 2000 8:00 am
Secretary of State

03-16-2000 90088 019 ***150.00

Principal Place of Business 2701 N ROCKY POINT DR SUITE 1000 TAMPA FL 33607 US	Mailing Address C/O JOHN WALLACE 120 ADELAIDE ST W., STE 1700 TORONTO, ONTARIO M5H1T CA
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 58-1846021	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent MORGAN, GREGORY L 2701 N ROCKY POINT DR SUITE 1000 TAMPA FL 33607

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 State10. 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 NAME STREET ADDRESS CITY-ST-ZIP	CD LOVE, JON E. 120 ADELAIDE ST, #1700 TORONTO, ONT <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SR. VP & CONTROLLER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition KENNEDY, ANNA M. 120 ADELAIDE ST. W., #1700 TORONTO, ONT CANADA M5H 1T1
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVS WALLACE, JOHN H 120 ADELAIDE ST W #1700 TORONTO, ONT <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SR. VP, ACQUISITIONS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition FRASER, WAYNE K. 120 ADELAIDE ST. W., #1700 TORONTO, ONT CANADA M5H 1T1
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SMITH, STUART H.B. 120 ADELAIDE ST W #1700 TORONTO, ONT <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition SNEDDEN, MURRAY 120 ADELAIDE ST. W., #1700 TORONTO, ONT CANADA M5H 1T1
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SCD MAWANI, AL W. 120 ADELAIDE ST W #1700 TORONTO, ONT <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASSISTANT SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition HAYNES, SALLIE 401 SOUTH FOURTH AVENUE, #510 LOUISVILLE, KY 40202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PUTMAN, ROBERT M 120 ADELAIDE ST. W. 1700 TORONTO, ONTARIO <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MORGAN, GREGORY L 2701 N ROCKY POINT DR SUITE 1000 TAMPA FL 33607 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: _____

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**MARCH 6, 2000 (416) 865-8380**

Date

Daytime Phone #