

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2001 8:00 am
Secretary of State

04-11-2001 90052 020 ***150.00

0833755

DOCUMENT # K66607

1. Entity Name

OXFORD PROPERTIES FLORIDA, INC.

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-1
 CA

C0045301



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

130 Adelaide Street West

3. Mailing Address

c/o Mr. John Wallace
 130 Adelaide Street West

Suite, Apt. #, etc.

Suite 1100

Suite, Apt. #, etc.

Suite 1100

City & State

Toronto, Ontario

City & State

Toronto, Ontario

4. FEI Number

58-1846021

Applied For

Not Applicable

Zip

M5H 3P5

Country

Canada

Zip

M5H 3P5

Country

Canada

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
 1200 S. PINE ISLAND RD.
 PLANTATION FL 33324

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, 2001 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

TITLE	CD	<input type="checkbox"/> Delete
NAME	LOVE, JON E.	
STREET ADDRESS	120 ADELAIDE ST, #1700	
CITY-ST-ZIP	TORONTO, ONT	
TITLE	SVS	<input type="checkbox"/> Delete
NAME	WALLACE, JOHN H	
STREET ADDRESS	120 ADELAIDE ST W #1700	
CITY-ST-ZIP	TORONTO, ONT	
TITLE	PD	<input type="checkbox"/> Delete
NAME	SMITH, STUART H.B.	
STREET ADDRESS	120 ADELAIDE ST W #1700	
CITY-ST-ZIP	TORONTO, ONT	
TITLE	SCD	<input checked="" type="checkbox"/> Delete
NAME	MAWANI, AL W.	
STREET ADDRESS	120 ADELAIDE ST W #1700	
CITY-ST-ZIP	TORONTO, ONT	
TITLE	V	<input type="checkbox"/> Delete
NAME	PUTMAN, ROBERT M	
STREET ADDRESS	120 ADELAIDE ST. W. 1700	
CITY-ST-ZIP	TORONTO, ONTARIO	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	MORGAN, GREGORY L	
STREET ADDRESS	2701 N ROCKY POINT DR SUITE 1000	
CITY-ST-ZIP	TAMPA FL 33607	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLOTT, JONATHAN	
STREET ADDRESS	130 Adelaide Street West, #1100	
CITY-ST-ZIP	Toronto, Ontario Canada M5H 3P5	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	130 Adelaide Street West, #1100	
CITY-ST-ZIP	Toronto, Ontario Canada M5H 3P5	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	130 Adelaide Street West, #1100	
CITY-ST-ZIP	Toronto, Ontario Canada M5H 3P5	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	130 Adelaide Street West, #1100	
CITY-ST-ZIP	Toronto, Ontario Canada M5H 3P5	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

John H. Wallace

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 4, 2001

Date

(416) 865-8300

Daytime Phone #

CR2E034 (10/00)

Attachment Doc # C0045301
K66607

OXFORD PROPERTIES FLORIDA, INC.

2001 UNIFORM BUSINESS REPORT

12. ADDITIONS

Senior Vice President and Controller	Anna M. Kennedy	130 Adelaide St. West Suite 1100 Toronto, Ontario M5H 3P5
Senior Vice President, Acquisitions	Wayne K. Fraser	130 Adelaide St. West Suite 1100 Toronto, Ontario M5H 3P5
Treasurer	Snedden, Murray	130, Adelaide St. West Suite 1100 Toronto, Ontario M5H 3P5
Assistant Secretary	Haynes, Sallie	401 South Fourth Avenue Suite 510 Louisville, Kentucky 40202