

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K81355

1. Entity Name

THE OAKS SHOPPING CENTER, INC.

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90170 045 ***150.00

Principal Place of Business
 OAKS SHOPPING CENTER, INC.
 806 EAST 25TH STREET
 SANFORD FL 32771
 US

Mailing Address
 OAKS SHOPPING CENTER, INC.
 806 EAST 25TH STREET
 SANFORD FL 32771-4548
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State

3. Mailing Address
 Suite, Apt. #, etc.
 City & State

4. FEI Number **59-2954933**
 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

SANDEFUR, STANLEY H.
 806 E. 25TH ST.
 SANFORD FL 32771

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 NAME STREET ADDRESS CITY-ST-ZIP	PST SANDEFUR, STANLEY H. 2720 MARSH WREN CIRCLE LONGWOOD FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 806 East 25th Street Sanford, FL 32771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANDEFUR, STANLEY H. 2720 MARSH WREN CIRCLE LONGWOOD FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 806 East 25th Street Sanford, FL 32771
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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

4/10/00
 Date

(407) 321-8200
 Daytime Phone #

CR2E034 (9/99)