

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000004766

1. Entity Name

OAKTON COMMONS, LLC

FILED
Jul 11, 2002 8:00 am
Secretary of State

07-11-2002 90246 010 ****50.00

Principal Place of Business

Mailing Address

2350 SOUTH CONGRESS AVENUE
DELRAY BEACH FL 33445

2350 SOUTH CONGRESS AVENUE
DELRAY BEACH FL 33445

2. Principal Place of Business

2101 South Congress Ave.

3. Mailing Address

2101 South Congress Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Delray Beach, Florida

City & State

Delray Beach, Florida

Zip

33445

Country

USA/PALM BCH CTY33445

Zip

USA/PALM BCH CTY

4. FEI Number

☒

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BOOSE, WILLIAM R ESQ.
515 N. FLAGLER DRIVE, #1900
WEST PALM BEACH FL 33401

Name
GEORGE T. ELMORE

Street Address (P.O. Box Number is Not Acceptable)
2101 S. Congress Ave.

City Delray Beach

FL

Zip Code
33445

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

7-8-02

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By September 25, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MANAGING MEMBER
GEORGE T. ELMORE
2101 S. Congress Ave.
Delray Beach, Florida 33445 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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CITY-ST-ZIP
☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

REQUIRED

GEORGE T. ELMORE, 7-8-2002 561-278-0456

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (4/02)