

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0009412 AF

DOCUMENT # L93000000253

1. Entity Name
OAKS TWO THOUSAND, L.C.

00 APR 13 PM 3:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
1741 MAIN ST., STE 101
SARASOTA FL 34236

Mailing Address
1741 MAIN ST., STE 101
SARASOTA FL 34236-5812

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

MMN

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0781224
65-0431999

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

VENABLE, JOSEPH P
1400 FOURTH AVENUE, WEST
BRADENTON FL 34205

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PMGR
RIVOLTA, PIERO
215 ROBIN DR.
SARASOTA FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
800003224698--7
-04/26/00--01045--003
*****50.00 *****50.00

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VMGR
RIVOLTA, RENZO
215 ROBIN DR.
SARASOTA FL

☐ Delete

TITLE
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CITY - ST - ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

4/10/00 941954035

CR2E083 (9/99)