

2000 UNIFORM BUSINESS REPORT (UBR)

0016359 AS

DOCUMENT # L95000000609

1. Entity Name
OAKHILL GROUP, L.C.

FILED

00 JAN 12 PM 2:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
43 CHIPMUNK CROSSING DR.
TINMOUTH VT 05773-1179

Mailing Address
43 CHIPMUNK CROSSING DR.
TINMOUTH VT 05773-1179

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0600072

Applied For

Not Applicable

Zip

Country

Zip

Country

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

WACKEEN, W. THOMAS
1100 SOUTH FEDERAL HWY
STUART FL 34994

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
MGRM
NOBLE, ROBERT A JR.
43 CHIPMUNK CR DR
TINMOUTH VT 05773-1179

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
500003103835--4
-01/20/00--01020--014
*****55.00 *****55.00

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
MARSHALL, JAMES G
107 COUNTRY CLUB ROAD
QUEENSBURY NY 12804

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MEM
HIGLEY, GARY A
138 QUAKER ROAD
QUEENSBURY NY 12804

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MEM
MAYNARD, DON F
9630 LANDING DRIVE
PORT ST. LUCIE FL 34986

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
8204 KIA WAH TRACE

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MEM
SCHUPP, DONALD E
234 OVERBROOK RD.
VALENCIA PA 16058

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MEM
CHASE MANHATTAN BANK, N.A.(F.H. MUSSELMAN)
P.O. BOX 183, OAK POINT
HAMMOND NY 13646

☐ Delete

TITLE
NAME
STREET ADDRESS
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 #

Robert A. Noble 1-7-00 802-444-3587

CR2E083 (9/99)