

2000 UNIFORM BUSINESS REPORT (UBR)

0009927 AF

DOCUMENT # L95000001010

1. Entity Name
VELDA OAKS PROPERTIES, L.C.

FILED

00 JAN 27 AM 11:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
6515 AQUEDUCT COURT
TALLAHASSEE FL 32308

Mailing Address
6515 AQUEDUCT COURT
TALLAHASSEE FL 32308-2001

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3359214

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

COHEN, MATTHEW M
6515 AQUEDUCT COURT
TALLAHASSEE FL 32308

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 Cohen, Matthew M

01/25/2000
DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE NAME MGRM COHEN, MATTHEW M
STREET ADDRESS 6515 AQUEDUCT COURT
CITY-ST-ZIP TALLAHASSEE FL 32308 ☐ Delete

TITLE NAME
STREET ADDRESS 300003118593--4
CITY-ST-ZIP -02/01/00--01076--010
*****50.00 *****50.00 ☐ Change ☐ Addition

TITLE NAME MGRM COHEN, LESLIE S
STREET ADDRESS 6515 AQUEDUCT COURT
CITY-ST-ZIP TALLAHASSEE FL 32308 ☐ 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 ☐ 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] Matthew M. Cohen

01/25/2000
Date

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

Daytime Phone #

CR2E083 (9/99)