

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L96000000431

1. Entity Name
OAKS OF WEST MELBOURNE L.C.

Principal Place of Business
1010 SOUTH MAGNOLIA DRIVE
INDIALANTIC FL 32903

Mailing Address
1010 SOUTH MAGNOLIA DRIVE
INDIALANTIC FL 32903-3466

2. Principal Place of Business
As Above
Suite, Apt. #, etc.

3. Mailing Address
As Above
Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
59-2507513

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BOOZER, FRED D JR.
1010 SOUTH MAGNOLIA DRIVE
INDIALANTIC FL 32903

7. Name and Address of New Registered Agent

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 _____ (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

| | | |
|--|--|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MEM BRAICH, ANGELA C 1010 SOUTH MAGNOLIA DRIVE INDIALANTIC FL | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MEM BOOZER, FRED D JR. 1010 SOUTH MAGNOLIA DRIVE INDIALANTIC FL | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MEM BOOZER, JAMES H II 1010 SOUTH MAGNOLIA DRIVE INDIALANTIC FL | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MEM BOOZER, OTTO S 1010 SOUTH MAGNOLIA DRIVE INDIALANTIC FL | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

10. ADDITIONS/CHANGES

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED

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

Date

Daytime Phone #

3/23/00

321-724-9999

APPROVED
AND
FILED

00 MAR 29 AM 11:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

nyh



DO NOT WRITE IN THIS SPACE

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