

2000 UNIFORM BUSINESS REPORT (UBR)

000770 AF

DOCUMENT # L98000002688

1. Entity Name
FAIR OAKS VENTURES, L.L.C.

FILED

00 JAN 12 PM 12:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
2923 LAWN AVENUE
TAMPA FL 33611

Mailing Address
2923 LAWN AVENUE
TAMPA FL 33611-1646



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3601 Bayshore Blvd
Suite, Apt. #, etc.

3. Mailing Address
3601 Bayshore Blvd
Suite, Apt. #, etc.

City & State
Tampa Florida
Zip
33629
Country
USA

City & State
Tampa Florida
Zip
33629
Country
USA

4. FEI Number
59-3543761
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
MULLIS, HAROLD W JR.
2923 LAWN AVENUE
TAMPA FL 33611

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	MGR MULLIS, HAROLD W JR. 2923 LAWN AVENUE TAMPA FL 33611	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR WLS BAYSHORE CORP. 3601 BAYSHORE BOULEVARD TAMPA FL 33629	<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
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	200003103662--5 -01/20/00--01013--002 *****50.00 *****50.00	<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: Raymond J. Smith President 1/10/00 (813) 2213900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (9/99)