

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000003160

1. Entity Name

F AND OAK LLC

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 MAR -3 AM 8:56

Principal Place of Business

2152 14TH CIRCLE NORTH  
ST PETERSBURG FL 33712

Mailing Address

2152 14TH CIRCLE NORTH  
ST PETERSBURG FL 33713-4059



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3546758

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHERER III, CLARK H  
2152 14TH CIRCLE NORTH  
ST PETERSBURG FL 33713

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

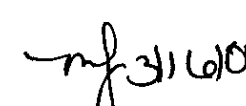
9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE MGR  
NAME TUCKER AGUIRRE, FRED C  
STREET ADDRESS 131 ROSWELL STREET, SUITE B-1  
CITY-ST-ZIP ALPHARETTA GA 30001 ☐ Delete

TITLE  
NAME Aguirre, Fred C. ☒ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE MGR  
NAME SERTICH, LARRY  
STREET ADDRESS 131 ROSWELL STREET, SUITE B-1  
CITY-ST-ZIP ALPHARETTA GA 30001 ☐ Delete

TITLE  
NAME  ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE MGR  
NAME SCHERER, CLARK H III  
STREET ADDRESS 2152 14TH CIRCLE NORTH  
CITY-ST-ZIP ST PETERSBURG FL 33713 ☐ Delete

TITLE  
NAME 000003178450-7 ☐ Change ☐ Addition  
STREET ADDRESS -03/21/00--01104--012  
CITY-ST-ZIP \*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

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

02/25/00

Date

727/327-1089

Daytime Phone #

CR2E083 (9/99)