

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000001000

1. Entity Name

OAKCREEK APARTMENTS OF JACKSONVILLE, LLC

FILED

00 FEB -4 PM 2:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

10718 KIRKALDY LANE  
BOCA RATON FL 33498

Mailing Address

10718 KIRKALDY LANE  
BOCA RATON FL 33498-6435



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0901339

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

LICHTMAN, JONATHAN J P.A.  
SANCTUARY CENTRE, 4800 N. FEDERAL HIGHWAY  
SUITE D-100  
BOCA RATON FL 33431

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

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

TITLE NAME MGR LICHTMAN, JONATHAN J ☐ Delete  
STREET ADDRESS 10718 KIRKALDY LANE  
CITY-ST-ZIP BOCA RATON FL 33498

TITLE NAME MGR NASS, ROBERT A ☐ Delete  
STREET ADDRESS 300 LAUREL RIDGE ROAD  
CITY-ST-ZIP REINHOLDS PA 17565

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS / CHANGES

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

TITLE NAME ☐ Change ☐ Delete  
STREET ADDRESS 100003128151-1  
CITY-ST-ZIP -02/08/00--01121--018  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

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

TITLE NAME ☐ Change ☐ Delete  
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 JON LICHTMAN  
MANAGING MEMBER 1/18/00 (561) 447-0011

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

Date

Daytime Phone #