

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L99000007680**

1. Entity Name  
**1600 WEST OAKLAND PARK, L.L.C.**

Principal Place of Business  
**1600 WEST OAKLAND PARK BOULEVARD  
FORT LAUDERDALE FL 33311**

Mailing Address  
**1600 WEST OAKLAND PARK BOULEVARD  
FORT LAUDERDALE FL 33311**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0964519**

Applied For

Not Applicable

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

**FAWLEY, MICHAEL R  
2518 ARBOR DRIVE  
FT. LAUDERDALE FL 33312**

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/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
CHAMBERLAIN, LAWRENCE  
2015 N. 28TH AVENUE  
HOLLYWOOD FL 33020** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
ZIEGLER, LINDA  
2900 N.E. 15TH TERRACE  
FORT LAUDERDALE FL 33334** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**400003343074--1  
-08/02/00--01004--024  
\*\*\*\*\*50.00 \*\*\*\*\*50.00** ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
FAWLEY, MICHAEL R  
2518 ARBOR DRIVE  
FORT LAUDERDALE FL 33312** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
GAI, MICHAEL  
10360 GROVE LANE  
COOPER CITY FL 33328** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
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 REQUIRED**

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

**7/10/00**

Date

**954 486 1995**

Daytime Phone #

CR2E083 (5/00)

APPROVED  
AND  
FILED

00 JUL 27 PM 3:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE