

2000 UNIFORM BUSINESS REPORT (UBR)

L99000008501

DOCUMENT

1. Entity Name

LEHIGH OAKS, L.L.C.

FILED

00 MAR -3 AM 8:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

1520 Royal Palm Sq. Blvd
Suite 360
Fort Myers, FL 33919

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

65-0970728

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

Curtis D. Hamlin
1205 Manatee Avenue West
Bradenton, Florida 34205

Name

Bowen A. Arnold

Street Address (P.O. Box Number is Not Acceptable)

1520 Royal Palm Square Blvd, Suite 360

City

Fort Myers

FL

Zip Code
33919

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

03/02/00

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE Member ☐ Delete
NAME Lee County Housing Development Corp.
STREET ADDRESS 2425 Bay Street
CITY-ST-ZIP Fort Myers, Florida 33902

TITLE ☐ Change ☐ Addition
NAME 000003162080--0
STREET ADDRESS -03/08/00--01046--014
CITY-ST-ZIP *****55.00 *****55.00

TITLE Managing Member ☐ Delete
NAME National Development of America, LLC
STREET ADDRESS 1520 Royal Palm Square Blvd, Su 360
CITY-ST-ZIP Fort Myers, Florida 33919

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

Member, National Development of America, LLC, Managing Member

03/02/00

941 275 8029

CR2E083 (11/99)