

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2002 8:00 am**  
**Secretary of State**

05-15-2002 90131 003 \*\*\*\*50.00

**DOCUMENT # L99000009162**

319

1. Entity Name

OAKMONT, LLC

Principal Place of Business

1201 SE 2ND COURT, #104  
 FT. LAUDERDALE FL 33301

Mailing Address

1201 SE 2ND COURT, #104  
 FT. LAUDERDALE FL 33301

961548

2. Principal Place of Business

721 NE 3rd Ave  
 Suite, Apt. #, etc.

3. Mailing Address

721 NE 3rd Ave.  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Ft. Lauderdale, FL

City & State

Ft. Lauderdale, FL

Zip

33304

Country

USA

Zip

33304

Country

USA

4. FEI Number

65-0979194

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

CLARK, THOMAS M  
 2400 E. COMMERCIAL BLVD., SUITE 820  
 FT. LAUDERDALE FL 33308

7. Name and Address of New Registered Agent

Name

Street Address

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**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM  
 NAME DOERING, RALPH H III  
 STREET ADDRESS 1201 SE 2ND COURT, #104  
 CITY-ST-ZIP FT. LAUDERDALE FL 33301 ☐ Delete

TITLE MGRM  
 NAME DOERING, JOHN C  
 STREET ADDRESS 1201 SE 2ND COURT, #104  
 CITY-ST-ZIP FT. LAUDERDALE FL 33301 ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

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

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

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

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

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4-30-02

Date

(954) 525-0210

Daytime Phone #

CR2E083 (9/01)