

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 28, 2000 8:00 am**
Secretary of State

04-28-2000 90055 036 ***150.00

DOCUMENT # P92000011064

1. Entity Name

OAKRIDGE APARTMENTS OF JACKSONVILLE, INC.

Principal Place of Business

3020 Hartley Road, Ste. 300
Jacksonville, FL 32257

Mailing Address

3020 Hartley Road, Ste. 300
Jacksonville, FL 32257

2. Principal Place of Business

3020 Hartley Road

3. Mailing Address

3020 Hartley Road

Suite, Apt. #, etc.

Suite 300

Suite, Apt. #, etc.

Suite 300

City & State

Jacksonville, FL

City & State

Jacksonville, FL

4. FEI Number

59-3155009

Applied For

Not Applicable

Zip

32257

Country

USA

Zip

32257

Country

USA5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

Farrell, Mark T.**3020 Hartley Road, Ste. 300**
Jacksonville, FL 32257

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.

April 4, 2000

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	DST.	<input type="checkbox"/> Delete
NAME	BAKER, SCOTT	
STREET ADDRESS	846 OLD GROVE MANOR	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	DV	<input type="checkbox"/> Delete
NAME	RIECHMANN, KEITH	
STREET ADDRESS	69 OAKWOOD RD	
CITY-ST-ZIP	JACKSONVILLE BEACH FL	
TITLE	DV	<input type="checkbox"/> Delete
NAME	WALCHLE, BART A.	
STREET ADDRESS	737 SPINNAKERS REACH	
CITY-ST-ZIP	PONTE VEDRA BEACH FL	
TITLE	AS	<input type="checkbox"/> Delete
NAME	FARRELL, MARK T.	
STREET ADDRESS	3030 HARTLEY RD., STE 100	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	DP	<input type="checkbox"/> Delete
NAME	ROOD, JOHN D.	
STREET ADDRESS	3030 HARTLEY RD., STE 100	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mark T. Farrell	
STREET ADDRESS	3020 Hartley Road, Ste 300	
CITY-ST-ZIP	Jacksonville, FL 32257	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	John D. Rood	
STREET ADDRESS	3020 Hartley Road, Ste 300	
CITY-ST-ZIP	Jacksonville, FL 32257	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

April 4, 2000**(904) 260-3030**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)