

# 2000 UNIFORM BUSINESS REPORT (UBR)

1/

**FILED**

**Apr 24, 2000 8:00 am**  
**Secretary of State**

01-29-2000 90106 048 \*\*\*150.00

**DOCUMENT # P99000027108**

1. Entity Name

LLC OAK HILLS, INC.

Principal Place of Business

Mailing Address

489 FIFTH AVENUE  
28TH FLOOR  
NEW YORK NY 10017

489 FIFTH AVENUE  
28TH FLOOR  
NEW YORK NY 10017-6105

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

15-09400-26

Applied For  
Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

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

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 State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	Chairman President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	David Miller
STREET ADDRESS	2500 Military Trail N., Suite 260
CITY-ST-ZIP	Boca Raton, FL 33431
TITLE	Vice President/Treasurer/Asst Secy <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John P. Kushay
STREET ADDRESS	2500 Military Trail N. Suite 260
CITY-ST-ZIP	Boca Raton FL 33431
TITLE	Vice President/Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Joan E. Kushay
STREET ADDRESS	2500 Military Trail N. Suite 260
CITY-ST-ZIP	Boca Raton, FL 33431
TITLE	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	David Miller
STREET ADDRESS	2500 Military Trail N. Suite 260
CITY-ST-ZIP	Boca Raton, FL 33431
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	

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.

SIGNATURE:

*JOAN E. KUSHAY*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/00 (561) 995-0043  
Date Daytime Phone #