

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000076078

1. Entity Name
OAK ALLEY APARTMENTS, INC.

FILED
Jul 20, 2000 8:00 am
Secretary of State

07-20-2000 90025 017 ***150.00

Principal Place of Business
610 WEST BAY DRIVE
SUITE 1
LARGO FL 33770

Mailing Address
610 WEST BAY DRIVE
SUITE 1
LARGO FL 33770

2. Principal Place of Business
~~610 WEST BAY DRIVE~~ SAME

3. Mailing Address
~~610 WEST BAY DRIVE~~ SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

593219333

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STATHOPOULOS, DIMITRA
610 WEST BAY DRIVE
SUITE 1
LARGO FL 33770

Name

SAME

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
STATHOPOULOS, DIMITRA
201 HOWARD DRIVE
BELLEAIR BEACH FL 33786

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
207 HOWARD DRIVE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
STATHOPOULOS, DIMITRA
201 HOWARD DRIVE
BELLEAIR BEACH FL 33786

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
207 HOWARD DRIVE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
KYRIACOU, NIKI
1320 SPARKLING COURT
DUNEDIN FL 34698

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
KYRIACOU, MICHAEL
1320 SPARKLING COURT
DUNEDIN FL 34698

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

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/10/00 (727) 5933647
Date Daytime Phone #

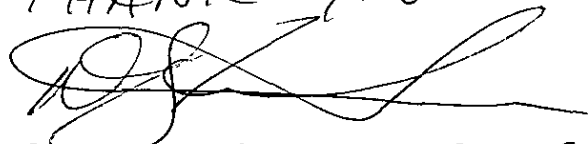
CR2E034 (5/00)

Attachment D#990070078 7/10/00
To whom IT MAY CONCERN - 0073222

I HAVE CALLED THE DEPT. OF
STATE TWICE TO REQUEST A DUPLICATE
UBR FORM BECAUSE I NEVER
RECEIVED THE ORIGINAL.

INSTEAD I RECEIVED THIS
SECOND NOTICE REQUESTING
\$550.00. I WAS TOLD BY
A REPRESENTATIVE OF YOUR
OFFICE TO WRITE THIS
LETTER & ENCLOSE A CHECK
FOR THE ORIGINAL \$150.00
SHOULD YOU HAVE ANY QUESTIONS
PLEASE CALL (727) 593-3647

THANK YOU



DIMITRA STATHOPOULOS
OAK ALLEY APTS, INC.