2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

DOCUMENT # P99000086283 1. Entity Dame						I I				
OAK POINTE VILLAS, INC.						FILED				
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Principal Place of Business Mailing Address										
3300 SOUTH H ORLANDO FL 3	IAWASSEE ROAD #107 32835	POST OFFICE BOX 4961 ORLANDO FL 32802-4961				SECRETARY OF STATE TALLAHASSEE. FLORIDA				
800 N.	lace of Business HIGHLAND AVE	3. Mailing Address								
Suite, Apt.		Suite, Apt. #, etc.					DO NOT WRITE IN TH	1IS SPACE	· ```	
OR LAN	DO, FL	City & State				4. FEI Number 59-3609807 Applied For Not Applicable				
Zip 32.86	COUNTRY A	Zip	Country			5. Ce	rtificate of Status Desired	\$8.75 Fee Req	Additional uired	
	6. Name and Address of Current	Registered Agent	Name			7. Name and Address of New Registered Agent				
DAG CORROBATE OFFINESS OF OFFITRAL SLOPINA										
390 NORTH ORANGE AVENUE				Street Address (P.O. Box Number is Not Acceptable)						
	TE 1100 ANDO FL 32801					-03/21/0001101020				
				City FL Zip Code					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!!! F After MAY 1, 2000 I Make Check Payable t				ee will be \$550.00			10. Election Campaign Financing Trust Fund Contribution.		5.00 May Be dded to Fees	
11.	OFFICERS AND	DIRECTORS	12.			ADDI	TIONS/CHANGES TO OFFICERS	AND DIRECT		
TITLE NAME		☐ Delete	TITL		P KRO6	op, e	STEVEN G	☐ Char	nge Addition	
STREET ADDRESS CITY-ST-ZIP			STRI	ET ADDRESS -St-ZIP	800	N. AN	STEVENG HIGHLAND AVE, DO, PL 32803	SUITE	2.00	
TITLE			TITL		VPS	<u> </u>		☐ Char	nge Addition	
NAME STREET ADDRESS				AME KARLTON, CHARLESS TREET ADDRESS 800 N. HIGHLAND AVE., SUITE 200					200	
CITY-ST-ZIP		<u> </u>	-	-ST-ZIP	OPI	AN	110, FL 32803'.	☐ Char		
TITLE NAME	Delete 11T				MCE	ろん	EY, E. JOSEPH	႕ <u>.</u>	'	
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS -ST-ZIP			HIGHLAND AVE, SI	ITE Z	\$\text{\tin}}\text{\tin}\text{\tett{\text{\tetx{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\ti}\}\text{\text{\text{\text{\text{\text{\text{\text{\tex{\tex	
TITLE		Delete	TITL		VPA	231 \ 17	5200	-> Char	nge Addition	
NAME			NAM		LAW		R, THOMAS P.	ينو د	·	
STREET ADDRESS CITY-ST-ZIP				EET ADDRESS '-ST-ZIP	000	Ν. Α λ	HIGHLAND AVE.		Ë 200	
TITLE		☐ Delete	TITL	E	V.PT			☐ Char	nge Addition	
NAME STREET ADDRESS			NAM	eet address	800	-10E	ER, DAVID M HIGHLAND AVE.,	SILITE	200	
CITY-ST-ZIP				-ST-ZIP	Dei	A	500, FZ 32803	30110	200	
TITLE	☐ Delete TITL				VP			☐ Char	nge Addition	
NAME STREET ADDRESS			NAM STRI	IE EET ADDRESS	HEIS	NET	R, ERIC HIGHLAND AVE,,	SUITE	200 (
CITY-ST-ZIP				-ST-ZIP	DE	AN	500, FC 32803	·		
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.										

3-1-00