

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. (Blank)

City & State (Blank)

Zip (Blank) Country (Blank)



DO NOT WRITE IN THIS SPACE

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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	D	<input type="checkbox"/> Delete
NAME	STATHOPOULOS, DIMITRA	
STREET ADDRESS	207 HOWARD DRIVE	
CITY-ST-ZIP	BELLEAIR BEACH FL 33786	
TITLE	D	<input type="checkbox"/> Delete
NAME	SOZATOS, CONSTANTINOS	
STREET ADDRESS	207 HOWARD DRIVE	
CITY-ST-ZIP	BELLEAIR BEACH FL 33786	
TITLE	D	<input type="checkbox"/> Delete
NAME	KYRIACOU, NIKI	
STREET ADDRESS	1320 SPARKLING COURT	
CITY-ST-ZIP	DUNEDIN FL 34698	
TITLE	D	<input type="checkbox"/> Delete
NAME	KYRIACOU, MICHAEL	
STREET ADDRESS	1320 SPARKLING COURT	
CITY-ST-ZIP	DUNEDIN FL 34698	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	207 HOWARD DRIVE	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	207 HOWARD DRIVE	
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		
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: _____ DATE: 7/10/00 DAYTIME PHONE #: (727) 5933647
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (5/00)

To whom it may concern - 0073222
Attachment DHP900070018 7/10/00

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.