

5/1

FILED

Jun 08, 2001 8:00 am  
Secretary of State

05-17-2001 91074 039 \*\*\*\*61.25

## 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 706002

1. Entity Name

SUNLAND APARTMENTS INC NUMBER TWO

Principal Place of Business

3851 NE 21ST AVE.  
LIGHTHOUSE POINT FL 33064  
US

Mailing Address

500 NE SPANISH RIVER BLVD  
STE 18  
BOCA RATON FL 33431  
US

- 48378



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

59-1087722

Applied For

Not Applicable

Zip

Country

Zip

Country

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

RUBIN, MARGARET  
3850 NE 21ST WAY #58  
LIGHTHOUSE POINT FL 33064

Name

Willis, Ernest

Street Address (P.O. Box Number is Not Acceptable)

500 NW Spanish River Blvd.  
Suite 18

City

Boca Raton

FL

Zip Code

33431-4516

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.

ERNEST W. WILLIS

(NOTE: Registered Agent signature required when reinstating)

DATE

6/6/01

FILE NOW:

FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐\$5.00 May Be  
Added to FeesMake Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	KENNEDY, RAYMOND F	
STREET ADDRESS	3851 NE 21ST AVE, APT 24	
CITY-ST-ZIP	LIGHTHOUSE POINT FL 33064	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PETER SZELI	
STREET ADDRESS	3851 NE 21 ST AVE., APT 29	
CITY-ST-ZIP	LIGHTHOUSE POINT FL 33064	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SEARLES, MARY	
STREET ADDRESS	3850 NE 21 WAY APT 55	
CITY-ST-ZIP	LIGHTHOUSE POINT FL 33064	
TITLE	S	<input type="checkbox"/> Delete
NAME	DINEEN, TOM	
STREET ADDRESS	3850 NE 21 WAY APT 64	
CITY-ST-ZIP	LIGHTHOUSE POINT FL 33064	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	RUBIN, MARGARET	
STREET ADDRESS	3850 NE 21ST WAY #58	
CITY-ST-ZIP	LIGHTHOUSE POINT FL 33064	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Wade, Harry	
STREET ADDRESS	3860 NE 21st Way	
CITY-ST-ZIP	Lighthouse Point, FL 33064	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Black, Sandra	
STREET ADDRESS	3850 NE 21st Way	
CITY-ST-ZIP	Lighthouse Point, FL 33064	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Searles, Mary	
STREET ADDRESS	3850 NE 21st Way Apt 55	
CITY-ST-ZIP	Lighthouse Point, FL 33064	
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dineen, Tom	
STREET ADDRESS	3850 NE 21st Way Apt 64	
CITY-ST-ZIP	Lighthouse Point, FL 33064	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Altman, Helen	
STREET ADDRESS	808 NE 73rd Street	
CITY-ST-ZIP	Boca Raton, FL 33487	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Stiles, Theresa	
STREET ADDRESS	2001 NE 38th Street Apt 11	
CITY-ST-ZIP	Lighthouse Point, FL 33064	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)