

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State

0034628

DOCUMENT # 706002

1. Entity Name

SUNLAND APARTMENTS, INC. NUMBER TWO

04-01-2002 90158 028 ****61.25

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
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2. Principal Place of Business 3850 NE 21st Way #64	3. Mailing Address
Suite, Apt. #, etc. Apt #64	Suite, Apt. #, etc.

City & State Lighthouse Point, FL	City & State
Zip 33064	Country USA

4. FEI Number 59-1087722	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent WILLIS, ERNEST 500 NW SPANISH RIVER BLVD. SUITE 18 LIGHTHOUSE POINT FL 33064
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WADE, HENRY 3860 NE 21ST WAY LIGHTHOUSE POINT FL 33064 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BLACK, SANDRA 3850 NE 21ST WAY LIGHTHOUSE POINT FL 33064 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SEARLES, MARY 3850 NE 21 WAY APT 55 LIGHTHOUSE POINT FL 33064 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DINEEN, TOM 3850 NE 21 WAY APT 64 LIGHTHOUSE POINT FL 33064 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALTMAN, HELEN 808 NE 73RD STREET BOCA RATON FL 33487 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STILES, THERESA 2001 NE 38TH STREET, APT., 11 LIGHTHOUSE POINT FL 33064 <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Cona, Joseph 2001 NE 38th Street #9 Lighthouse Point, FL 33064 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Julius, Karen 3851 NE 21st Avenue #2 Lighthouse Point, FL 33064 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Riggs, Joanne 3850 NE 21st Way #52 Lighthouse Point, FL 33064 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Dineen, Thomas 3850 NE 21st Way Lighthouse Point, FL 33064 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Altman, Helen 2001 NE 38th Street #2 Lighthouse Point, FL 33064 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 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: *Thomas Dineen* 3/30/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (9/01)