

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 23, 2000 8:00 am
Secretary of State

03-23-2000 90007 024 ****61.25

DOCUMENT # 706286

1. Entity Name

LAKE MAITLAND TERRACE APARTMENTS, INC.

Principal Place of Business

Mailing Address

**1140 S ORLANDO AVE.
 MAITLAND FL 32751-6439**

**1140 S ORLANDO AVE.
 MAITLAND FL 32751-6403**

628821



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1311770

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

**WEST, CHARLES
 1140 S ORLANDO AVE
 C6
 MAITLAND FL 32751**

Name **SANDAL SCARBOROUGH-ESCH**

Street Address (P.O. Box Number is Not Acceptable) **1140 S. ORLANDO AVE., #I-7**

City **MAITLAND**

FL

Zip Code **32751**

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 *Sandal Scarborough-Esch*
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

Mar 20, 2000
 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☒ Delete
 NAME **NASH, JOHN**
 STREET ADDRESS **1140 S ORLANDO AVE #1-11**
 CITY-ST-ZIP **MAITLAND FL**

TITLE **SANDAL ESCH PD** ☐ Change ☒ Addition
 NAME **1140 S. ORLANDO AVE, I-7**
 STREET ADDRESS **MAITLAND, FL 32751**
 CITY-ST-ZIP

TITLE **PD** ☐ Delete
 NAME **WEST, CHARLES L**
 STREET ADDRESS **1140 S ORLANDO AVE C-6**
 CITY-ST-ZIP **MAITLAND FL**

TITLE **D** ☒ Change ☐ Addition
 NAME **SAME**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☒ Delete
 NAME **MICHAEL, ROBERT**
 STREET ADDRESS **1140 S ORLANDO AVE., #K3**
 CITY-ST-ZIP **MAITLAND FL 32751**

TITLE **D** ☐ Change ☒ Addition
 NAME **GEORGE LAPIERRE**
 STREET ADDRESS **1140 S. ORLANDO AVE., #A-13**
 CITY-ST-ZIP **MAITLAND, FL 32751**

TITLE **SD** ☒ Delete
 NAME **MCEACHRON, CATHARINE**
 STREET ADDRESS **1140 S ORLANDO AVE B12**
 CITY-ST-ZIP **MAITLAND FL**

TITLE **SD** ☐ Change ☒ Addition
 NAME **NEL BEDDIN**
 STREET ADDRESS **1140 S. ORLANDO AVE., 56**
 CITY-ST-ZIP **MAITLAND, FL 32751**

TITLE **VPD** ☐ Delete
 NAME **KISSEL, JOHN**
 STREET ADDRESS **1140 S ORLANDO AVE, #G14**
 CITY-ST-ZIP **MAITLAND FL 32751**

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

TITLE **TD** ☒ Delete
 NAME **MARSH, JANETTE**
 STREET ADDRESS **1140 S ORLANDO AVE., D#9**
 CITY-ST-ZIP **MAITLAND FL 32751**

TITLE **TD** ☐ Change ☒ Addition
 NAME **JAMES CARDINAL**
 STREET ADDRESS **1201 WATERVIEW COVE CIRCLE**
 CITY-ST-ZIP **ORLANDO, FL 32806**

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: *John Kissel*

20-MARCH-00 (407) 644-1309