

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90103 002 ****61.25



DO NOT WRITE IN THIS SPACE

DOCUMENT # 710198

1. Entity Name
LAKEVIEW TOWERS APARTMENTS, INC.

Principal Place of Business Mailing Address

555 SE LAKEVIEW DR.
 PO BOX 3829
 SEBRING FL 33871-0829

555 SE LAKEVIEW DR.
 PO BOX 3829
 SEBRING FL 33871-3829

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For

59-1112731 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

HICKMAN, HAROLD
555 SE LAKEVIEW DR #406
SEBRING FL 33870

7. Name and Address of New Registered Agent

Name: **RUTH K. DAVIS, INC. REAL ESTATE**

Street Address (P.O. Box Number is Not Acceptable): **1981 US 27, S.**

City: **SEBRING** FL Zip: **33870**

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: Ruth K. Davis Ruth K. Davis (R) 4-7-2000

Signature, typed or printed name of registered agent and title if applicable (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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FREEMAN, DON # 212	NAME	
STREET ADDRESS	555 SE LAKEVIEW DR	STREET ADDRESS	
CITY-ST-ZIP	SEBRING FL 33870	CITY-ST-ZIP	
TITLE	DS <input checked="" type="checkbox"/> Delete	TITLE	DS <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	UEBELHART, JOYCE	NAME	HIESTER, ARTHUR
STREET ADDRESS	555 S E LAKEVIEW DR	STREET ADDRESS	555 S.E. LAKEVIEW DR. # 402
CITY-ST-ZIP	SEBRING FL 33870	CITY-ST-ZIP	SEBRING, FL 33870
TITLE	DT <input checked="" type="checkbox"/> Delete	TITLE	DT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PROPST, CATHERINE	NAME	COVERT, MARY
STREET ADDRESS	555 SE LAKEVIEW DR	STREET ADDRESS	555 S.E. LAKEVIEW DR. #302
CITY-ST-ZIP	SEBRING, FL 00000	CITY-ST-ZIP	SEBRING FL 33870
TITLE	VP <input checked="" type="checkbox"/> Delete	TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GANNON, CLARK	NAME	ADKINS, CARL
STREET ADDRESS	555 S E LAKEVIEW DRIVE	STREET ADDRESS	555 S.E. LAKEVIEW DR. # 111
CITY-ST-ZIP	SEBRING FL 33870	CITY-ST-ZIP	SEBRING, FL 33870
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HICKMAN, HAROLD	NAME	THOMAS, AUSTIN
STREET ADDRESS	555 S E LAKEVIEW DRIVE	STREET ADDRESS	555 S.E. LAKEVIEW DR. #301
CITY-ST-ZIP	SEBRING, FL 00000 33870	CITY-ST-ZIP	SEBRING, FL 33870
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: MARY F. COVERT MARY F. COVERT 4/12/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)