

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 724753

1. Entity Name

PETERBOROUGH APARTMENTS, INC.



Principal Place of Business

440 4th Ave. N.
St. Petersburg, FL 33701

Mailing Address

11300 4th St. N., Ste 200
St. Petersburg, FL 33716

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1843130

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

00020133

6. Name and Address of Current Registered Agent

John C. Dew
Southtrust Bank Building
150 2nd Avenue N.
St. Petersburg, FL 33701

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

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

TITLE PD ☐ Delete
NAME Bennett, William K.
STREET ADDRESS 721 First Avenue N.
CITY-ST-ZIP St. Petersburg, FL 33701

TITLE DV ☐ Delete
NAME Rowell, Virginia
STREET ADDRESS 626 14th Ave. N.E.
CITY-ST-ZIP St. Petersburg, FL 33701

TITLE D ☐ Delete
NAME Benoit, Rosemary
STREET ADDRESS 115 112th Ave. N.E.
CITY-ST-ZIP St. Petersburg, FL 33716

TITLE D ☐ Delete
NAME Sinclair, Ron
STREET ADDRESS 4912 Milano Ct. N.E.
CITY-ST-ZIP St. Petersburg, FL 33703

TITLE D ☐ Delete
NAME Dawson, Marguerite
STREET ADDRESS 1 Beach Dr., S.E. #1314
CITY-ST-ZIP St. Petersburg, FL 33701

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
NAME
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NAME
STREET ADDRESS
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:

William K. Bennett
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
William K. Bennett, President

2-28-01

Date

(727) 898-7210

Daytime Phone #

CR2E037 (11/00)