

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 10, 2002 8:00 am
Secretary of State

04-10-2002 90447 046 ****61.25

DOCUMENT # 724753

1. Entity Name

PETERBOROUGH APARTMENTS, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

440 4th Avenue N.

Suite, Apt. #, etc.

3. Mailing Address

11300 4th Street N.

Suite, Apt. #, etc.
Suite 200

City & State

St. Petersburg, FL

City & State

St. Petersburg, FL 33

Zip

33701

Country

USA

Zip

33716

Country

USA

4. FEI Number

59-1843130

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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B0064256

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name John C. Dew

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

150 2nd Avenue N.

City

St. Petersburg

FL

Zip Code
33701

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

FEE IS \$61.25
Initial or Amended UBR

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

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

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

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

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

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IN THIS SPACE**

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 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

March 20, 2002 (727) 898-7210

CR2E037B (12/01)