

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 OCT 19 AM 10:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000005967

1. Entity Name

VOA ARBOR APARTMENTS, INC.

Principal Place of Business

Mailing Address

1915 131ST AVE STE 116
TAMPA FL 33612

402 N REO ST STE 105
TAMPA FL 33609-1015

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

72-1283222

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FRAZIER, S KATHERINE
101 E KENNEDY BLVD
TAMPA FL 33602

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE CD Delete
NAME SKIPPER, JESSE L.
STREET ADDRESS 402 REO ST SUITE 105
CITY-ST-ZIP TAMPA FL

TITLE VC Delete
NAME BROOK, ALAN O.
STREET ADDRESS 402 N REO ST., STE. 105
CITY-ST-ZIP TAMPA FL

TITLE PD Delete
NAME SPEARMAN, KETHRYN E
STREET ADDRESS 402 E. REO ST., STE. 105
CITY-ST-ZIP TAMPA FL

TITLE SD Delete
NAME EBERHART, CATHY
STREET ADDRESS 402 REO ST, SUITE 105
CITY-ST-ZIP TAMPA FL 33609

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
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CITY-ST-ZIP

TITLE Change Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/16/00

Date

813 2821525

Daytime Phone #

CR2E037 (9/99)

REINSTATEMENT