

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 828274

1. Entity Name
SECOND OAKLAND APARTMENTS, INC.

FILED
Apr 10, 2001 8:00 am
Secretary of State

04-10-2001 90075 007 ***150.00

Principal Place of Business

3710 COLUMBIA PIKE
ARLINGTON VA 22204

Mailing Address

3710 COLUMBIA PIKE
ARLINGTON VIRGINIA
ARLINGTON VA 22204

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 54-0581328

Applied For
Not Applicable

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

LINDSTROM, JOAN
711 S LINCOLN AVE
CLEARWATER FL 33516

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VP
NAME REINSCH, LOLA C.
STREET ADDRESS 1229 BALLANTRAE FARM DR
CITY-ST-ZIP MCLEAN VA ☐ Delete

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

TITLE DP
NAME REINSCH, DOLORES G.
STREET ADDRESS 4525 N 35TH ST
CITY-ST-ZIP ARLINGTON, VA 0 ☐ Delete

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

TITLE ST
NAME NEFF, PAUL F.
STREET ADDRESS 6323 LEE HIGHWAY
CITY-ST-ZIP ARLINGTON VA ☐ Delete

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

TITLE AS
NAME HILL, PAUL D
STREET ADDRESS 10501 CORNFLOWER CT.
CITY-ST-ZIP VIENNA VA 22182 ☐ Delete

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Paul D. Hill

PAUL D. HILL
ASST. SECRETARY

Date

Daytime Phone #

3/28/01 703-920-3600

CR2E034 (10/00)