

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90032 035 ***150.00

DOCUMENT # 194768

1. Entity Name

LAKE PALMS APARTMENTS INC

Principal Place of Business

Mailing Address

750 BURLINGTON AVENUE, NORTH
 ST. PETERSBURG FL 33701

750 BURLINGTON AVENUE, NORTH
 ST. PETERSBURG FL 33701-3199

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

59-0814139

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

CLARK, GRACE
750 BURLINGTON AVE N
ST. PETERSBURG FL 33701

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, 2000 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	D <input checked="" type="checkbox"/> Delete
NAME	MARTIN, VIRGINIA
STREET ADDRESS	750 BURLINGTON AVE N
CITY-ST-ZIP	ST PETERSBURG, FL 00000
TITLE	ST <input type="checkbox"/> Delete
NAME	CLARK, GRACE
STREET ADDRESS	750 BURLINGTON AVE N
CITY-ST-ZIP	ST PETERSBURG, FL 00000
TITLE	D <input type="checkbox"/> Delete
NAME	HOFFMANN, CRYSTEL
STREET ADDRESS	750 BURLINGTON AV. NO.
CITY-ST-ZIP	ST. PETERSBURG FL 33701
TITLE	P <input checked="" type="checkbox"/> Delete
NAME	ZENTGRAF, BETTY
STREET ADDRESS	750 BURLINGTON AV. NO.
CITY-ST-ZIP	ST. PETERSBURG FL 33701
TITLE	D P <input type="checkbox"/> Delete
NAME	WACHOWITZ, TILLA
STREET ADDRESS	750 BURLINGTON AVE N
CITY-ST-ZIP	ST PETERSBURG, FL 00000
TITLE	D <input type="checkbox"/> Delete
NAME	POTT, ROBERT
STREET ADDRESS	750 BURLINGTON AVE N
CITY-ST-ZIP	ST PETERSBURG, FL 00000

TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLAIR, SAUNDRA
STREET ADDRESS	750 Burlington Av. No
CITY-ST-ZIP	St PETERSburg Fl. 33701
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PODKRASH, KENNETH
STREET ADDRESS	750 Burlington Av. No
CITY-ST-ZIP	St. PETERSburg Fl. 33701
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Grace L. Clark*
GRACE L. CLARK SECR TREAS
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-00 (727) 898-9184
 Date Daytime Phone #

CR2E034 (9/99)