

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 19, 2000 8:00 am**  
**Secretary of State**

07-19-2000 90026 024 \*\*\*\*61.25

**DOCUMENT # 706002**  
 1. Entity Name  
**SUNLAND APARTMENTS INC NUMBER TWO**

Principal Place of Business 3851 NE 21ST AVE. LIGHTHOUSE POINT FL 33064 US	Mailing Address 3851 NE 21ST AVE LIGHTHOUSE PT FL 33064 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Ste 18 500 NE Spanish River Blvd Suite, Apt. #, etc. BOCA RATON, FL.
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City & State	City & State	4. FEI Number <b>59-1087722</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
		<b>33431</b>	<b>USA</b>	



DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

**RUBIN, MARGARET**  
**3850 NE 21ST WAY #58**  
**LIGHTHOUSE POINT FL 33064**

**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

<b>FILE NOW: FEE IS \$61.25</b> <b>After September 13, 2000 min. will be \$236.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Department of State</b>
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**10. OFFICERS AND DIRECTORS**

TITLE NAME	PD KENNEDY, RAYMOND F	<input type="checkbox"/> Delete
STREET ADDRESS	3851 NE 21ST AVE, APT 24	
CITY-ST-ZIP	LIGHTHOUSE POINT FL 33064	
TITLE NAME	D PETER SZELI	<input type="checkbox"/> Delete
STREET ADDRESS	3851 NE 21 ST AVE., APT 29	
CITY-ST-ZIP	LIGHTHOUSE POINT FL 33064	
TITLE NAME	VPD JOHN POWERS	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	3851 NE 21 ST AVE., APT. 22	
CITY-ST-ZIP	LIGHTHOUSE POINT FL 33064	
TITLE NAME	SD KEMPTON, LORRAINE	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	3851 NE 21ST AVE, APT 30	
CITY-ST-ZIP	LIGHTHOUSE POINT FL 33064	
TITLE NAME	TD RUBIN, MARGARET	<input type="checkbox"/> Delete
STREET ADDRESS	3850 NE 21ST WAY #58	
CITY-ST-ZIP	LIGHTHOUSE POINT FL 33064	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME	TD MARY SEARLES	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	LHP FL 33064 3850 NE 21 WAY APT 55	
CITY-ST-ZIP		
TITLE NAME	S TOM DINEEN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	3850 NE 21 WAY APT 64 LHP FL 33064	
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	VP RUBIN, MARGARET	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	3850 NE 21 st Way #58	
CITY-ST-ZIP	Lighthouse point FL 33064	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 another like empowered.

**SIGNATURE:** Raymond F Kennedy **SIGNATURE REQUIRED** July 12, 2000 954-941-4688  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/00)