

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 707755

1. Entity Name

LAKELAND HARBOUR APARTMENTS INC.

FILED

00 APR -3 PM 2:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

064001



DO NOT WRITE IN THIS SPACE

Principal Place of Business 1600 W LAKE PARKER DR #D7 LAKELAND FL 33805 US	Mailing Address 1600 W LAKE PARKER DR #D7 LAKELAND FL 33805-3750 US
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip	Country
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4. FEI Number 59-1196609	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROBERTSON, CHARLES D
1600 W LAKE PARKER DR
#D-5
LAKELAND FL 33805

Pres.

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when refiling)

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 NAME STREET ADDRESS CITY-ST-ZIP	Prco ROBERTSON, CHARLES 1600 W LAKE PARKER DRIVE, #D-5 LAKELAND	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director TURNER, JAMES 1600 W LAKE PARKER DR., A-5 LAKELAND FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS SMITH, NOREEN R 1600 W LAKE PARKER DR D7 LAKELAND, FL 00000	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REED, ROBERT 1600 W LAKE PARKER DRIVE, #B-6 LAKELAND, FL 00000	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director MILLER, LAVADA 1600 W LAKE PARKER DRIVE, #A-2 LAKELAND FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHALLEY, RICHARD 1600 W LAKE PARKER DRIVE, #B-2 LAKELAND FL	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D William Demmons 1600 W Lake Parker Dr D#24 Lakeland	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Richard B. Smith 1-600 W Lake Parker Dr., D-7 Lakeland	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Charles D. Robertson Date: 1-4-2000 Daytime Phone #: 863-688-7651

R 17 (9/99)