

2000 UNIFORM BUSINESS REPORT (UBR)

4.

DOCUMENT # 708478

1. Entity Name

C'EST LA VIE APARTMENT ASSOCIATION, INC.

FILED
May 15, 2000 8:00 am
Secretary of State

04-18-2000 90168 013 ****61.25

Principal Place of Business	Mailing Address
1800 NORTH 16TH AVENUE HOLLYWOOD FL 33020	1800 NORTH 16TH AVENUE HOLLYWOOD FL 33020-2548

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For
59-1110527	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SWEM, BETTY
1800 N. 16TH AVENUE, APT. 6
HOLLYWOOD FL 33020

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 *Betty Swem*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE *April 12 - 2000*

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TP WEBSTER, HAROLD 1925 PARK VALLEY DR COLUMBUS IN <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TV MISKOVIC, OLGA 3211 BROWNS LAKE DR BURLINGTON WI <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S VEZZANI, KAROL 3990 SE ROETHE RD MILWAUKIE OR <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WEBSTER, DAROTHY 128 JEREMY DR FRANKPORT KY 40601 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TP Donk, Gerald "D" 481 Field St, Clifton Springs NY 14432 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Same <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Susan Beal 113 Jackson St North Vernon, IN 47265 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KATE CUMMINGS 7422 N. US 31 Seymour, IN 47274 <input checked="" type="checkbox"/> Change <input checked="" 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

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 REQUIRED

2-28-00

954 24921-6352

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #