

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 712771

1. Entity Name

SIR WILLIAM APARTMENTS, INC.

**FILED**  
**Feb 24, 2000 8:00 am**  
**Secretary of State**

02-24-2000 90041 004 \*\*\*\*61.25

|                                                                                   |                                                                       |
|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------|
| Principal Place of Business<br>1701 BUCHANAN ST.<br>HOLLYWOOD FL 33020-4010<br>US | Mailing Address<br>1701 BUCHANAN ST.<br>HOLLYWOOD FL 33020-4070<br>US |
|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------|

|                                |                    |
|--------------------------------|--------------------|
| 2. Principal Place of Business | 3. Mailing Address |
|--------------------------------|--------------------|

|                           |                     |
|---------------------------|---------------------|
| Suite, Apt. #, etc. # 601 | Suite, Apt. #, etc. |
|---------------------------|---------------------|

|              |              |
|--------------|--------------|
| City & State | City & State |
|--------------|--------------|

|     |         |     |         |
|-----|---------|-----|---------|
| Zip | Country | Zip | Country |
|-----|---------|-----|---------|

|                             |                                                        |
|-----------------------------|--------------------------------------------------------|
| 4. FEI Number<br>59-1265688 | Applied For<br><input type="checkbox"/> Not Applicable |
|-----------------------------|--------------------------------------------------------|

|                                                           |                                |
|-----------------------------------------------------------|--------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|-----------------------------------------------------------|--------------------------------|

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JOHN D VERMILLION  
1701 BUCHANAN STREET  
APT #702  
HOLLYWOOD FL 33020

|                                                    |
|----------------------------------------------------|
| 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 *John D. Vermillion* (NOTE: Registered Agent signature required when reinstating) DATE

**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          | PD                    | <input type="checkbox"/> Delete |
| NAME           | JOHN D VERMILLION     |                                 |
| STREET ADDRESS | 1701 BUCHANAN #702    |                                 |
| CITY-ST-ZIP    | HOLLYWOOD FL          |                                 |
| TITLE          | SD                    | <input type="checkbox"/> Delete |
| NAME           | JUDITH MAE SCHUSTER   |                                 |
| STREET ADDRESS | 1701 BUCHANAN #802    |                                 |
| CITY-ST-ZIP    | HOLLYWOOD FL          |                                 |
| TITLE          | TD                    | <input type="checkbox"/> Delete |
| NAME           | ROLANDE HENRY         |                                 |
| STREET ADDRESS | 1701 BUCHANAN ST #601 |                                 |
| CITY-ST-ZIP    | HOLLYWOOD FL          |                                 |
| TITLE          |                       | <input type="checkbox"/> Delete |
| NAME           |                       |                                 |
| STREET ADDRESS |                       |                                 |
| CITY-ST-ZIP    |                       |                                 |
| TITLE          |                       | <input type="checkbox"/> Delete |
| NAME           |                       |                                 |
| STREET ADDRESS |                       |                                 |
| CITY-ST-ZIP    |                       |                                 |
| TITLE          |                       | <input type="checkbox"/> Delete |
| NAME           |                       |                                 |
| STREET ADDRESS |                       |                                 |
| CITY-ST-ZIP    |                       |                                 |

|                |                                                                   |
|----------------|-------------------------------------------------------------------|
| 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    |                                                                   |
| 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    |                                                                   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                                                                   |
| 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 all other like empowered.

SIGNATURE: *Mrs. Rolande Henry*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-09-00 954 929 1982  
Date Daytime Phone #

CR2E037 (9/99)