## 2001 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT #** May 15, 2001 8:00 am Waverly Manor Apartments, Inc. **Secretary of State** 05-15-2001 90177 029 \*\*\*150.00 Principal Place of Business Principal Place of Business Waverly Way Clear Water, FG 33756 2. Principal Place of Business 3. Mailing Address Same Same Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Milvin Lowden 224 Weverly Way #4 Clearwater, FL 33756 homas Street Address (P.O. Box Number is Not Acceptable) 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. 9. This corporation is eligible to satisfy its Intangible FILE NOWIII FEE IS \$150.00 After MAY:1, 2001 Fee will be \$550.00 10. Election Campaign Financing **\$5.00** May Be 'Tax filing requirement and elects to do so. П Trust Fund Contribution. : (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12 TITLE ☐ Delete Thomas G. Hersen NAME -TOPICO NAME 1421 Court Str., B 1903 STREET ADDRESS STREET ADDRESS Clear water. CITY-ST-ZIP CHY-ST-ZE Jerome Lawler 224 Waverly Way AS Clear water, FL ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP m: Ivin Lowden #4 224 Waverly way #4 Clearwater, FL 3375 Ce ☐ Delete Change TITLE Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITI F ☐ Detete TITL F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAMF . NAME STREET ADDRESS STREET ADDRESS. CITY-ST-ZIP 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 trusted empowered to execute his 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 after the empowered. ED MAME OF SIGNING OFFICER OR DIRECTOR