2002 UNIFORM BUSINESS REPORT (UBR)

Apr 09, 2002 8:00 am § Secretary of State **DOCUMENT # 714401** 1. Entity Name 04-09-2002 90012 029 ****61.25 **WAVERLY MANOR APARTMENTS, INC.** Principal Place of Business Mailing Address 1421 COURT STREET 1421 COURT STREET STE. B **CLEARWATER FL 33756** CLEARWATER FL 33756 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0308795 Not Applicable Zip Country Ζip 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 Street Address (P.O. Box Humber is Not Acceptable) HERSEN, THOMAS 1421 COURT ST. STE B City Zip Code CLEARWATER FL 33756 8. The above named entity submits this statement to the purpose of changing its registered office or registered agent, or both, in the state of Florida. **SIGNATURE** Signature, typed or printed name e of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make Check Payable to FILE NOW: FEE IS \$61.25 \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS 11. ICERS AND DIRECTORS IN 10 TITLE ☐ Delete TITLE (9/01) Change WRIGHT, DAVID 1-4-E/R NAME NAME STREET ADDRESS 1421 COURT ST., STE B STREET ADDRESS CITY-ST-ZIP **CLEARWATER FL 33756** CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME DEMARCO, NICHOLAS A NAME STREET ADDRESS 224 WAVERLY WAY #12 STREET ADDRESS يوجره بيد CITY-ST-ZIP CLEARWATER FL CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME LAWLER, JEROME NAME STREET ADDRESS 224 WAVERLY WAY #5 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Clearwater FL TITLE Delete TITLE ☐ Change ☐ Addition NAME **NEWHART, CHARLES** NAME STREET ADDRESS 224 WAVERLY WAY #10 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Clearwater fl TITLE ☐ Delete TITLE ☐ Change Addition LOWDER, MILVIN NAME NAME STREET ADDRESS 224 WAVERLY WAY #4 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CLEARWATER FL 33756 TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information surplied with trindicated on this report or supplemental report is trof the corporation or the receiver or tustee empowed changed, or on an attachment with a haddress, with a haddress. SIGNATURE:

s filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information be and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director ared to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if