

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90443 044 ****61.25

DOCUMENT # 714401

1. Entity Name

WAVERLY MANOR APARTMENTS, INC.



Principal Place of Business

**1421 COURT STREET
STE. B
CLEARWATER FL 33756**

Mailing Address

**1421 COURT STREET
STE. B
CLEARWATER FL 33756**

90022555



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0308795**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HERSEN, THOMAS
1421 COURT ST.
STE B
CLEARWATER FL 33756**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input checked="" type="checkbox"/> Delete
NAME	HERSEM, THOMAS
STREET ADDRESS	1421 COURT ST., STE B
CITY-ST-ZIP	CLEARWATER FL 33756
TITLE	<input type="checkbox"/> Delete
NAME	VPD
STREET ADDRESS	DEMARCO, NICHOLAS A
CITY-ST-ZIP	224 WAVERLY WAY #12 CLEARWATER FL
TITLE	<input checked="" type="checkbox"/> Delete
NAME	LAWLER, JEROME
STREET ADDRESS	224 WAVERLY WAY #5
CITY-ST-ZIP	CLEARWATER FL
TITLE	<input type="checkbox"/> Delete
NAME	D
STREET ADDRESS	NEWHART, CHARLES
CITY-ST-ZIP	224 WAVERLY WAY #10 CLEARWATER FL
TITLE	<input type="checkbox"/> Delete
NAME	D
STREET ADDRESS	LOWDER, MILVIN
CITY-ST-ZIP	224 WAVERLY WAY #4 CLEARWATER FL 33756
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	P Robert Aguirre
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:

SIGNATURE REQUIRED

CR2E037 (10/02)