

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2001 8:00 am
Secretary of State
 03-13-2001 90010 042 ****61.25

DOCUMENT # 718537

1. Entity Name

TOWNSITE APARTMENTS II, INC.

Principal Place of Business

**122 S. LAKESIDE DRIVE
 % RAYMOND LIBERATORE
 LAKE WORTH FL 33460**

Mailing Address

**122 S. LAKESIDE DRIVE
 % RAYMOND LIBERATORE
 LAKE WORTH FL 33460**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1323681

Applied For

Not Applicable

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

**LIBERATORE, RAYMOND
 122 S. LAKESIDE DR.
 #4A
 LAKE WORTH FL 33460**

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

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
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SERAFINO, CROCE 1290 OLD MEADOW RD 5-B PITTSBURGH FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S IRWIN, DEAN 122 S. LAKESIDE 1-A LAKE WORTH FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LIBERATORE, ANGELINE 122 S. LAKESIDE #4A LAKE WORTH FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D IRWIN, MARGRET 122 S. LAKESIDE DR APT 1-A LAKE WORTH FL 33460	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: RAYMOND D. LIBERATORE *Raymond D. Liberatore* **3/9/2001** **561-586-2165**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)