

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2001 8:00 am
Secretary of State

02-26-2001 90531 020 ****61.25

0053967

DOCUMENT # 719280

1. Entity Name

TOWNSITE APARTMENTS III, INC.

Principal Place of Business

ATT. T.W. GUERIN
 18 SOUTH "O" ST
 LAKE WORTH FL 33460

Mailing Address

ATT. T.W. GUERIN
 18 SOUTH "O" ST
 LAKE WORTH FL 33460

923332



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1323680

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

GUERIN, ROBERT
18 SO O STREET
LAKE WORTH FL 33460

7. Name and Address of New Registered Agent

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

TITLE ☒ Delete
 NAME **GUERIN, ROBERT**
 STREET ADDRESS **18 SOUTH O STREET**
 CITY-ST-ZIP **LAKE WORTH FL**

TITLE ☐ Delete
 NAME **PDS**
 STREET ADDRESS **CHRISTENSEN, GORDON**
 CITY-ST-ZIP **18 SOUTH O STREET**
LAKE WORTH FL

TITLE ☐ Delete
 NAME **VP**
 STREET ADDRESS **ANDRE, RICHARD**
 CITY-ST-ZIP **18 SOUTH O STREET**
LAKE WORTH FL

TITLE ☒ Delete
 NAME **SD**
 STREET ADDRESS **SATTERFIELL, BETTY**
 CITY-ST-ZIP **18 SOUTH O STREET**
LAKE WORTH FL

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition
 NAME **TD**
 STREET ADDRESS **GUERIN, BETTY**
 CITY-ST-ZIP **18 S. O ST**
LAKE WORTH, FL 33460

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☒ Change ☒ Addition
 NAME **SD**
 STREET ADDRESS **GUERIN, BETTY**
 CITY-ST-ZIP **18 S. O STREET**
LAKE WORTH, FL 33460

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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: *Robert Guerin*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ROBERT GUERIN
BETTY A GUERIN

Date

Daytime Phone #

CR2E037 (10/00)

561-588-6251