

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2000 8:00 am
Secretary of State

04-04-2000 90031 041 ****61.25

DOCUMENT # 724753

1. Entity Name
PETERBOROUGH APARTMENTS, INC.

Principal Place of Business
**440 4th Av. N.
 St. Petersburg, FL 33701**

Mailing Address
**11300 4th St. N., Ste 200
 St. Petersburg, FL 33716**

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number
59-1843130

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**John C. Dew
 Southtrust Bank Building
 150 2nd Avenue N.
 St. Petersburg, FL 33701**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	PD <input type="checkbox"/> Delete
NAME	Bennett, William K.
STREET ADDRESS	150 Second Ave. N., Ste 1770
CITY-ST-ZIP	St. Petersburg, FL 33701
TITLE	DV <input type="checkbox"/> Delete
NAME	Rowell, Virginia
STREET ADDRESS	626 14th Ave. N.E.
CITY-ST-ZIP	St. Petersburg, FL 33701
TITLE	D <input type="checkbox"/> Delete
NAME	Nelson, Richard
STREET ADDRESS	1700 9th St. N.
CITY-ST-ZIP	St. Petersburg, FL 33704
TITLE	D <input type="checkbox"/> Delete
NAME	Benoit, Rosemary
STREET ADDRESS	115 112th Ave. N.E.
CITY-ST-ZIP	St. Petersburg, FL 33716
TITLE	D <input type="checkbox"/> Delete
NAME	Sinclair, Ron
STREET ADDRESS	4912 Milano Ct. N.E.
CITY-ST-ZIP	St. Petersburg, FL 33703
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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: William K. Bennett Date: 3/25/00 (727) 898-3306

CR2E037 (9/99)