

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 730923

1. Entity Name

LARCHMONT APARTMENTS, SECTION NO. 2, INC.

Principal Place of Business

Mailing Address

% MS. BARI FLETCHER  
516 EL VERNONA AVE.  
SARASOTA FL 34236

% MS. BARI FLETCHER  
516 EL VERNONA AVE.  
SARASOTA FL 34236-4804

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

59-1804437

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

WILHAM, ROBERT G P ESQ  
240 N WASHINGTON BLVD  
SUITE 305  
SARASOTA FL 34236

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 PD  
NAME FLETCHER, BARI  
STREET ADDRESS 516 EL VERNONA AVE.  
CITY-ST-ZIP SARASOTA FL ☐ Delete

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

TITLE VP  
NAME PROSSER, ROBERT H  
STREET ADDRESS 512 VERONONA AVE  
CITY-ST-ZIP SARASOTA FL ☐ Delete

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

TITLE SD  
NAME M LEE SHALLET  
STREET ADDRESS 5333 KELLY DR  
CITY-ST-ZIP SARASOTA FL 34233 ☐ Delete

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

TITLE TD  
NAME GREG T MOROSHI  
STREET ADDRESS 512 ELVERNOMA AVE  
CITY-ST-ZIP SARASOTA FL 34236 ☐ Delete

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

TITLE D  
NAME WILSON, PEARL  
STREET ADDRESS 508 EL VERNONA AVE.  
CITY-ST-ZIP SARASOTA FL 34236 ☐ Delete

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

TITLE ☐ Delete  
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:

*SIGNATURE*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Mar 22, 2000 8:00 am  
Secretary of State

03-22-2000 90079 030 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)