

**FILED**  
**May 01, 2002 8:00 am**  
**Secretary of State**

03-29-2002 90199 032 \*\*\*\*61.25

# 2002 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # 739273**

1. Entity Name

TOWNSITE APARTMENTS XVIII, INC.

Principal Place of Business Mailing Address  
 411 SO M STREET, APT 5, % BUCKLEY  
 LAKE WORTH FL 33460 411 SO M STREET, APT 5, % BUCKLEY  
 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 **59-1809258** Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
 BUCKLEY, ADA M.  
 411 S. M STREET, APT #5  
 LAKE WORTH FL 33460

7. Name and Address of New Registered Agent  
 Name **WILLIAM C. BATES**  
 Street Address (P.O. Box Number is Not Acceptable)  
**411 S. M STREET, APT. #2**  
 City **LAKE WORTH** FL Zip Code **33460**

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 William C Bates **3-15-02**  
 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	<input type="checkbox"/> Delete	TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CURRIE, C J		NAME	CHRISTIAN B. KAHLER	
STREET ADDRESS	411 SO M STREET		STREET ADDRESS	411 SO M ST.	
CITY-ST-ZIP	LAKE WORTH FL 33460		CITY-ST-ZIP	LAKE WORTH, FL 33460	
TITLE	STD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUCKLEY, ADA M.		NAME		
STREET ADDRESS	411 SO M STREET		STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH, FL 00000 33460		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BATES, WILLIAM		NAME		
STREET ADDRESS	411 SO M STREET		STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH FL 33460		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 C. BATES William C Bates **3-18-02** **561-547-0141**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2037 (9/01)