

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2000 8:00 am
Secretary of State

02-14-2000 90035 018 ****61.25

DOCUMENT # 752554
 1. Entity Name
PELICAN BAY APTS., INC.

Principal Place of Business: **GERALD A. CURYLO, 300 CROTON AVE. APT. 402, LANTANA FL 33462, US**
 Mailing Address: **PELICAN BAY APTS 402, 300 CROTON AVENUE, LANTANA FL 33462-2957, US**

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.

City & State: City & State

Zip: Country Zip: Country



DO NOT WRITE IN THIS SPACE

4. FEI Number: **59-2150558** Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent: **CURYLO, GERALD A, 300 CROTON AVE. APT. #402, LANTANA FL 33462**

7. Name and Address of New Registered Agent:
 Name: **JOHN LARSEN**
 Street Address (P.O. Box Number is Not Acceptable): **300 CROTON AVE APT 202**
LANTANA
 City: **FL** Zip Code: **33462**

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: (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: D NAME: STORIN, ELAINE STREET ADDRESS: 300 CROTON AVE., APT. 201 CITY-ST-ZIP: LANTANA FL	<input checked="" type="checkbox"/> Delete	TITLE: T NAME: JOHN LARSEN STREET ADDRESS: 300 CROTON AVE. APT 202 CITY-ST-ZIP: LANTANA FL 33462	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: SD NAME: LAVIS, CHRIS STREET ADDRESS: 300 CROTON AVE CITY-ST-ZIP: LANATANA FL 33462	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: T NAME: BARFKNECHT, ROBERT J STREET ADDRESS: 300 CROTON AVE, APT 102 CITY-ST-ZIP: LANTANA FL 33462	<input type="checkbox"/> Delete	TITLE: PD NAME: BARFKNECHT, ROBERT J STREET ADDRESS: 300 CROTON AVE APT 102 CITY-ST-ZIP: LANTANA FL 33462	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: CURYLE, GERALD STREET ADDRESS: 300 CROTON #402 CITY-ST-ZIP: LANTANA FL	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> 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 an officer like empowered.

SIGNATURE: **ROBERT J. BARFKNECHT** Date: **2/9/00** Day Phone #: **561/585-8394**

CF1E037 (9/99)