

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 27, 2002 8:00 am**  
**Secretary of State**

05-27-2002 90382 017 \*\*\*\*61.25

**DOCUMENT # 753477**

1. Entity Name

**SAGA APTS., INC.**

Principal Place of Business

Mailing Address

1502 S. FEDERAL HWY.  
 LAKE WORTH FL 33460

934 S DIXIE HWY  
 LANTANA FL 33462  
 US

00110103



DO NOT WRITE IN THIS SPACE

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

**59-2563179**

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

~~LEHTOVIRTA, JAANA~~  
~~1502 S FEDERAL HWY #5~~  
~~LAKE WORTH FL 33460~~

Name **ANDE JAAKKOLA**

Street Address (P.O. Box Number is Not Acceptable)

**934 S. DIXIE HWY**

City **LANTANA**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/29/02**

**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 ~~STD~~  
 NAME ~~LEHTOVIRTA, JAANA~~  
 STREET ADDRESS ~~1502 S FEDERAL HWY #5~~  
 CITY-ST-ZIP ~~LAKE WORTH FL~~

☒ Delete

TITLE **STD**  
 NAME **KARI REPO**  
 STREET ADDRESS **4662 COCONUT DR.**  
 CITY-ST-ZIP **LAKE WORTH FL 33461**

☐ Change ☒ Addition

TITLE **PD**  
 NAME **REPO, KARI**  
 STREET ADDRESS **4662 COLONUT DR**  
 CITY-ST-ZIP **LAKE WORTH FL 33461**

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **TD**  
 NAME **REPO, EVA**  
 STREET ADDRESS **4662 COCONUT DR.**  
 CITY-ST-ZIP **LAKE WORTH FL 33461**

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
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☐ Change ☐ Addition

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☐ Change ☐ Addition

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☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 REQUIRED**

**4-29-02**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)