

2002 UNIFORM BUSINESS REPORT (UBR)

0014340 AT

DOCUMENT # **A24113**

1. Entity Name

LEMANS APARTMENTS, LTD./LAKELAND

Principal Place of Business

**P. O. BOX 6271
LAKELAND FL 33807-6271**

Mailing Address

**P. O. BOX 6271
LAKELAND FL 33807-6271**

FILED
02 APR 29 PM 6:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY MAY 1, 2002

Zip

Country

Zip

Country

4. FEI Number

59-2781308

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

**CHRITTON, CHARLES P.
5300 S. FLORIDA AVE.
LAKELAND FL 33813**

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.

DATE

9. Capital Contributions
as Shown on record.

\$499,625.00

10. Amount of Capital Contributions
in FLORIDA to date.

499,625.00

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # **H74463**
NAME **FIRST AMERICAN PROPERTIES SHEPHERD ROAD CO**
STREET ADDRESS **1501 SHEPHERD ROAD, #36**
CITY - ST - ZIP **LAKELAND FL**

STREET ADDRESS

CITY - ST - ZIP

BK

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

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14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE REQUIRED **Carlton D. Hodges** **4-25-02 (863) 646-4680**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/01)