

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A26799**

1. Entity Name

LEMANS APARTMENTS LTD./LAKELAND II

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 APR 24 AM 3:05

Principal Place of Business

1501 SHEPHERD RD.  
STE. #5  
LAKELAND FL 33811  
US

Mailing Address

P.O. BOX 6271  
LAKELAND FL 33807-6271

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

59-2903355

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

HODGES, CARLTON D.  
1501 SHEPHERD RD.#5  
LAKELAND FL 33811

7. Name and Address of New Registered Agent

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

9. Capital Contributions  
as Shown on record.

**\$574,000.00**

10. Amount of Capital Contributions  
in FLORIDA to date.

**574,000.00**

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

DOCUMENT # **M87275**  
NAME **1ST AM.PROP.LAKELAND COR**  
STREET ADDRESS **202 LAKE MIRIAM DRIVE**  
CITY - ST - ZIP **LAKELAND FL**

13. ADDRESS CHANGES ONLY

STREET ADDRESS

**1501 Shepherd Rd #5**

CITY - ST - ZIP

**LAKELAND FL 33811**

STREET ADDRESS

CITY - ST - ZIP

**100003250211-3**

STREET ADDRESS

CITY - ST - ZIP

**-05/12/00--01035--003**  
**\*\*\*\*526.25 \*\*\*\*526.25**

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

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 RE: Carlton D. Hodges**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

**4/20/00 863-646-4680**

CR2E003 (9/99)