

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # F95000004331**

1. Entity Name

**APT TAMPA/ORLANDO, INC.****FILED**  
**Jan 31, 2000 8:00 am**  
**Secretary of State**

01-31-2000 90090 050 \*\*\*150.00

Principal Place of Business	Mailing Address
8410 W. BRYN MAWR AVE. CHICAGO IL 60631	8410 W. BRYN MAWR AVE. CHICAGO IL 60631-3408

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

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number **36-4027569**

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****CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301**

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. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**10. Election Campaign Financing Trust Fund Contribution. ☐**\$5.00 May Be Added to Fees****11. OFFICERS AND DIRECTORS****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	PD	<input type="checkbox"/> Delete
NAME	WARKENTIN, DON	
STREET ADDRESS	8410 W. BRYN MAWR AVE.	
CITY-ST-ZIP	CHICAGO IL 60631	

TITLE	VTD	<input type="checkbox"/> Delete
NAME	HORNACEK, RUDOLPH E	
STREET ADDRESS	8410 W. BRYN MAWR AVE.	
CITY-ST-ZIP	CHICAGO IL 60631	

TITLE	S	<input type="checkbox"/> Delete
NAME	HRON, MICHAEL G	
STREET ADDRESS	1 FIRST NATIONAL PLAZA	
CITY-ST-ZIP	CHICAGO IL 60603	

TITLE	V	<input type="checkbox"/> Delete
NAME	SMITH, CLARKE	
STREET ADDRESS	8410 W BRIN MAWR SUTE 1100	
CITY-ST-ZIP	CHICAGO IL	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
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CITY-ST-ZIP		

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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #