

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000002117

1. Entity Name
EDGEWATER APARTMENTS, LLC

FILED

01 FEB -5 AM 8:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
1531 CREEKBEND ROAD
BRADON FL 33510

Mailing Address
1531 CREEKBEND ROAD
BRADON FL 33510

2. Principal Place of Business
1531 CREEKBEND DRIVE

3. Mailing Address
1531 CREEKBEND DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
BRANDON, FL

City & State
BRANDON, FL

4. FEI Number
58-2525696

Applied For
Not Applicable

Zip
33510

Country

Zip
33510

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

WICKMAN & WYCKOFF, P.A.
4909 MANATEE AVE. WEST
BRADENTON FL 34209

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE MGR
NAME PETER W. BROWN ☐ Delete
STREET ADDRESS 4535 CORAL BLVD
CITY-ST-ZIP BRADENTON, FL 34210

TITLE MGR
NAME MELISSA L. BROWN ☐ Delete
STREET ADDRESS 4535 CORAL BLVD
CITY-ST-ZIP BRADENTON, FL 34210

TITLE MGR
NAME THOMAS R. HUNTINGTON ☐ Delete
STREET ADDRESS 1531 CREEKBEND DR.
CITY-ST-ZIP BRANDON, FL 33510

TITLE MGR
NAME LOIS D. HUNTINGTON ☐ Delete
STREET ADDRESS 1531 CREEKBEND DR
CITY-ST-ZIP BRANDON, FL 33510

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGER MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE

1-20-01 813-657-0302

Date

Daytime Phone #

0016365
A-

CR2E083 (11/00)