

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 24, 2000 08:00 AM
Secretary of State****DOCUMENT # L92379****1. Entity Name
SE APARTMENT CORPORATION****Principal Place of Business**400 E SOUTH ST
SUITE 500
ORLANDO
32801

FL

Mailing Address400 E SOUTH ST
SUITE 500
ORLANDO
32801

FL

2. Principal Place of Business

450 S. ORANGE AVENUE

3. Mailing Address

450 S. ORANGE AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

ORLANDO

FL

City & State

ORLANDO

FL

4. FEI Number**59-3033204**

Applied For

Not Applicable

Zip
32801

Country

Zip
32801

Country

5. Certificate of Status Desired☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent**BOURNE, ROBERT A
400 E. SOUTH ST #500ORLANDO
32801

US

FL

7. Name and Address of New Registered Agent**Name**

BOURNE ROBERT A

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

450 S. ORANGE AVENUE

City
ORLANDO

FL

Zip Code
32801**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 ROBERT A. BOURNE**

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

(NOTE: Registered Agent signature required when reinstating)

01/24/2000

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**

TITLE	V	<input type="checkbox"/> Delete
NAME	RALSTON GARY M	
STREET ADDRESS	400 E SOUTH ST SUITE 500	
CITY-ST-ZIP	ORLANDO FL	

TITLE	S	<input type="checkbox"/> Delete
NAME	ROSE LYNN E	
STREET ADDRESS	400 EAS SOUTH STREET, SUITE 500	
CITY-ST-ZIP	ORLANDO FL	

TITLE	PTD	<input type="checkbox"/> Delete
NAME	BOURNE, ROBERT A.	
STREET ADDRESS	400 E SOUTH ST #500	
CITY-ST-ZIP	ORLANDO FL	

TITLE	DCCE	<input type="checkbox"/> Delete
NAME	SENEFF JAMES MJR	
STREET ADDRESS	400 EAST SOUTH STREET	
CITY-ST-ZIP	ORLANDO FL	

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RALSTON GARY M	
STREET ADDRESS	450 S. ORANGE AVENUE	
CITY-ST-ZIP	ORLANDO FL 32801	

TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSE LYNN E	
STREET ADDRESS	450 S. ORANGE AVENUE	
CITY-ST-ZIP	ORLANDO FL 32801	

TITLE	PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOURNE ROBERT A	
STREET ADDRESS	450 S. ORANGE AVENUE	
CITY-ST-ZIP	ORLANDO FL 32801	

TITLE	DCCE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SENEFF JAMES MJR	
STREET ADDRESS	450 S. ORANGE AVENUE	
CITY-ST-ZIP	ORLANDO FL 32801	

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

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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: LYNN E ROSE****01/24/2000**