

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

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AF

DOCUMENT # L99000001414

1. Entity Name

PINE RIDGE APARTMENTS, L.C.

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*mg417*

Principal Place of Business

602 EAST CHURCH STREET  
ORLANDO FL 32801

Mailing Address

602 EAST CHURCH STREET  
ORLANDO FL 32801-2887



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3568182

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~PIERCE, DAVID R~~  
602 EAST CHURCH STREET  
ORLANDO FL 32801

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

300003208399--1

-04/14/00--01004--007

\*\*\*\*\*50.00 \*\*\*\*\*50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete  
NAME PIERCE, DAVID R  
STREET ADDRESS 602 EAST CHURCH STREET  
CITY-ST-ZIP ORLANDO FL 32801

TITLE MGR ☐ Change ☒ Addition  
NAME VAN BEEK, PIETER H.  
STREET ADDRESS 602 E. CHURCH ST.  
CITY-ST-ZIP ORLANDO, FL 32801

TITLE MGR ☐ Delete  
NAME MITCHELL, CHARLES J  
STREET ADDRESS 602 EAST CHURCH STREET  
CITY-ST-ZIP ORLANDO FL 32801

TITLE MGR ☐ Change ☒ Addition  
NAME POWHATAN, BECKY A.  
STREET ADDRESS 300 INTERSTATE N. PARKWAY  
CITY-ST-ZIP ATLANTA, GA 30339

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE MGR ☐ Change ☒ Addition  
NAME DAGHLARIAN, OHANNES  
STREET ADDRESS 3717 CAMINO WAY  
CITY-ST-ZIP ORLANDO, FL 32808

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE MGR ☐ Change ☒ Addition  
NAME TELLECHEA, ALBERT  
STREET ADDRESS 255 S. ORANGE AVE. #1700  
CITY-ST-ZIP ORLANDO, FL 32801

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE MGR ☐ Change ☒ Addition  
NAME MARSHALL FAMILY LIMITED PARTNERSHIP, L.C.  
STREET ADDRESS 255 S. ORANGE AVE. #1700  
CITY-ST-ZIP ORLANDO, FL 32801

TITLE ☐ Delete  
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 MANAGING MEMBER OR MANAGER

*DAVID R. PIERCE*  
DAVID R. PIERCE

Date

Daytime Phone #

3/17/00 407-872-0209

CR2E083 (9/99)