

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000001414

1. Entity Name
PINE RIDGE APARTMENTS, L.C.

Principal Place of Business
602 EAST CHURCH STREET
ORLANDO FL 32801

Mailing Address
602 EAST CHURCH STREET
ORLANDO FL 32801

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 59-3568182

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

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

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

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

TITLE ☒ Change ☐ Addition
NAME JR.
STREET ADDRESS
CITY-ST-ZIP

TITLE MGR ☐ Delete
NAME VANBEEK, PIETER H
STREET ADDRESS 602 EAST CHURCH STREET
CITY-ST-ZIP ORLANDO FL 32801

TITLE ☐ Change ☐ Addition
NAME 800004419298--9
STREET ADDRESS -06/14/01--01023--008
CITY-ST-ZIP *****50.00 *****50.00

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

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

TITLE DAGH ☐ Delete
NAME LARIAN, OHANNES
STREET ADDRESS 3717 CAMINO WAY
CITY-ST-ZIP ORLANDO FL 32808

TITLE MGR ☒ Change ☐ Addition
NAME DAGHLARIAN, OHANNES
STREET ADDRESS
CITY-ST-ZIP

TITLE MGR ☐ Delete
NAME TELLECHEA, ALBERT
STREET ADDRESS 255 S. ORANGE AVE., #700
CITY-ST-ZIP ORLANDO FL 32801

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

DAVID R PIERCE 4/27/01 407-872-0209

APPROVED
AND
FILED

01 MAY 18 PM 3:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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CR2E083 (11/00)