

# 2002 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

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

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

PIERCE, DAVID R  
602 EAST CHURCH STREET  
ORLANDO FL 32801

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**  
**Due By May 1, 2002**

9. MANAGING MEMBERS / MANAGERS

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

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

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

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

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

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

10. ADDITIONS / CHANGES

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

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

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

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

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

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

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 REQUIRED**

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

Date

Daytime Phone #

**FILED**  
**May 15, 2002 8:00 am**  
**Secretary of State**

05-15-2002 90053 014 \*\*\*\*50.00

0010687



DO NOT WRITE IN THIS SPACE

CR2E083 (9/01)