

2000 UNIFORM BUSINESS REPORT (UBR)

L99000008967

DOCUMENT #

1. Entity Name

WYNDHAM APTS., L.L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR -6 AM 9:36

Principal Place of Business

121-3rd Ave No
ST. Petersburg, FL
33733

Mailing Address

PO Box 11077
ST. Petersburg, FL
33733

2. Principal Place of Business

3. Mailing Address

PO Box 11077

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

ST. Petersburg FL

4. FEI Number

59-3615029

Applied For

Not Applicable

Zip

Country

Zip

33733

Country

USA

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

Name

STEVE EASTON

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

121-3rd Ave No

City

ST. Petersburg

FL

Zip Code

33701

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

Steve Easton

S. EASTON

3/2/00

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
NAME
STREET ADDRESS
CITY-ST-ZIP
MANAGER
STEVE EASTON
121-3rd Ave No
ST. Petersburg, FL 33701

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
rf 3/2/00

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
700003179047-3
-03/22/00--01009--022
*****50.00 *****50.00

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

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:

Steve Easton

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

2/29/00

Daytime Phone #

727 894-4950

CR2E083 (11/99)