

2001 UNIFORM BUSINESS REPORT (UBR)

0030518 AB

DOCUMENT # M97000000772

1. Entity Name

FT. MYERS APARTMENTS, LLC

FILED

01 MAR 30 PM 2:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

813 NORTHSHORE DRIVE, SUITE 201
KNOXVILLE TN 37919

Mailing Address

813 NORTHSHORE DRIVE, SUITE 201
KNOXVILLE TN 37919

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

62-1718781

Applied For

Not Applicable

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

LIGHTSEY, ALTON
2600 TECHNOLOGY DR
#200
ORLANDO FL 32804

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

400003992844--1
-04/11/01--01110--017
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MGR
NAME REED, JOSEPH W
STREET ADDRESS 813 NORTHSHORE DRIVE, SUITE 201
CITY-ST-ZIP KNOXVILLE TN 37919 ☐ Delete

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

TITLE MGR
NAME HIGGINS, R. GARY
STREET ADDRESS 813 NORTHSHORE DRIVE, SUITE 201
CITY-ST-ZIP KNOXVILLE TN 37919 ☐ Delete

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

TITLE MGR
NAME COLEMAN, JOHN W
STREET ADDRESS 6012 JOHNSON CHAPEL ROAD
CITY-ST-ZIP BRENTWOOD TN 37027 ☐ Delete

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

TITLE MGR
NAME WILLINGHAM, RICHARD B
STREET ADDRESS 3091 MAPLE DR. SUITE 101
CITY-ST-ZIP ATLANTA GA 30305-2611 ☐ Delete

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
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:

Joseph W. Reed Joseph W. Reed

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

Date

865-584-2300, x 21

Daytime Phone #

CR2E083 (11/00)