

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 JUL -6 PM 3:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

03/12 AB

DOCUMENT # M99000000101

1. Entity Name

MAPLEWOOD APARTMENTS LLC

Principal Place of Business

C/O APARTMENT RENTALS
134 NORTH EAGLEVILLE ROAD
STORRS CT 06268

Mailing Address

C/O APARTMENT RENTALS
134 NORTH EAGLEVILLE ROAD
STORRS CT 06268-1707

2. Principal Place of Business

1400 90th AVE

3. Mailing Address

1400 90th AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

VERO BEACH FL

City & State

VERO BEACH FL

4. FEI Number

06-1465521

Applied For

Not Applicable

Zip

32966

Country

USA

Zip

32966

Country

IND. RIVER

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

SANDERSON, FREDA
975 NORTH LAKEWAY
PALM BEACH FL 33480

Name

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

1400 90th AVE

City

VERO BEACH

FL

Zip Code

32966

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

Freda Sanderson FREDA SANDERSON MGRM

5/1/00

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 MGRM
NAME SANDERSON, OWEN MARK
STREET ADDRESS 134 NORTH EAGLEVILLE ROAD
CITY-ST-ZIP STORRS CT 06268 ☐ Delete

TITLE MGRM
NAME SANDERSON, OWEN MARK
STREET ADDRESS 1400 90th AVE
CITY-ST-ZIP VERO BEACH FL 32966 ☒ Change ☐ Addition

TITLE MGRM
NAME SANDERSON, FREDA
STREET ADDRESS 134 NORTH EAGLEVILLE ROAD
CITY-ST-ZIP STORRS CT 06268 ☐ Delete

TITLE MGRM
NAME SANDERSON, FREDA
STREET ADDRESS 1400 90th AVE
CITY-ST-ZIP VERO BEACH FL 32966 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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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:

Freda Sanderson FREDA SANDERSON

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

5/1/00

Date

561-567-0480

Daytime Phone #

CR2E083 (9/99)