

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 22, 2000 8:00 am**  
**Secretary of State**

03-22-2000 90079 014 \*\*\*\*61.25

**DOCUMENT # N27242**

1. Entity Name

**LARCHMONT APARTMENTS SECTION NO. 3, INC.**

Principal Place of Business

Mailing Address

C/O DAVID J. PEEPLES  
 513 EL VERNONA AVE.  
 SARASOTA FL 34236  
 US

C/O DAVID J. PEEPLES  
 513 EL VERNONA AVE.  
 SARASOTA FL 34236-4820  
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2446320**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PEEPLES, DAVID J**  
**513 EL VERNONA AVE.**  
**SARASOTA FL 34236**

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 \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
PD	WITHINTON, LOUISE	501 EL VERNONA	SARASOTA FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
VP	PRESSLER, DAN	507 EL VERNONA AVE	SARASOTA FL 34236	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
TD	PEEPLES, DAVID J	513 EL VERNONA	SARASOTA FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	PATSY, RICHARDSON	511 EL VERNONA AVE	SARASOTA FL 34236	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
SD	DANIELS, JENA	523 EL VERNONA	SARASOTA FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other, like empowered.

SIGNATURE:

*David J. Peeples*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*March 19, 2000 94-366-3281*  
 Date Daytime Phone #

CR2E037 (9/99)