

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N27242

1. Entity Name

LARCHMONT APARTMENTS SECTION NO. 3, INC.

FILED

May 28, 2002 8:00 am
Secretary of State

05-28-2002 91538 005 ****61.25

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
US

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

59-2446320

Applied For

Not Applicable

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
D	WITHINTON, LOUISE	501 EL VERNONA	SARASOTA FL 34236	<input type="checkbox"/>
VP	PRESSLER, DAN	507 EL VERNONA AVE	SARASOTA FL 34236	<input type="checkbox"/>
PD	PEEPLES, DAVID J	513 EL VERNONA	SARASOTA FL 34236	<input type="checkbox"/>
SD	DANIELS, JENA	523 EL VERNONA	SARASOTA FL	<input type="checkbox"/>
TD	ROGIND, SALLY	503 EL VERNONA AVE	SARASOTA FL 34236	<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

CR2E037 (9/01)

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

5/1/02 941-346-3281
Date Daytime Phone #