

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000005561

1. Entity Name

THE LAKES OF ROSEMONT APARTMENTS OF FLORIDA CORP

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90024 008 ****61.25

Principal Place of Business

Mailing Address

650 W GEORGIA ST
21ST FLOOR
VANCOUVER.B.C. CA V6B4N7
OC

650 W GEORGIA ST
21ST FLOOR
VANCOUVER.B.C. CA V6B4N7
OC

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

98-0140101

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

C T CORPORATION SYSTEM
1200 S PINE ISLAND ROAD
PLANATATION FL 33324

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 D ☐ Delete
NAME CASSILS, JOHN G
STREET ADDRESS 2160-650 WEST GEORGIA ST
CITY-ST-ZIP VANCOUVER BC

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

TITLE D ☐ Delete
NAME MACKAY, JOHN D
STREET ADDRESS 650 W GEORGIA ST 21 FLOOR
CITY-ST-ZIP VANCOUVER BC, CA V6B4N7

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

TITLE D ☐ Delete
NAME JOHNSTON, JAMES A
STREET ADDRESS 650 W GEORGIA ST 21 FLOOR
CITY-ST-ZIP VANCOUVER BC, CA V6B4N7

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

TITLE T ☐ Delete
NAME SAUNDERS, ROD G.
STREET ADDRESS 944 TOLL CROSS RD
CITY-ST-ZIP NORTH VANCOUVER BC

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

TITLE S ☐ Delete
NAME THOMAS, SAM E
STREET ADDRESS 520 - 1819 PEACHTREE ST NE
CITY-ST-ZIP ATLANTA GA

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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: *Rod G. Saunders* Rod G. Saunders

April 11, 2000 (604) 687-1919

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)