

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000005974

Entity Name  
ALLAPATTAH PROPERTY OWNERS' ASSOCIATION, INC.

FILED  
Mar 06, 2000 8:00 am  
Secretary of State  
03-06-2000 90019 003 \*\*\*\*61.25

Principal Place of Business		Mailing Address	
CARLTON ROAD PIERCE FL 34988		9425 CARLTON ROAD FT. PIERCE FL 34987-3210	
Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-0997090		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
KERR, ROBERT S SR 9425 CARLTON ROAD FT. PIERCE FL 34988		Name: Rick Shembarger Street Address (P.O. Box Number is Not Acceptable): 9425 CARLTON RD. City: FT. PIERCE FL Zip Code: 34988	

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: Robert S. Kerr, Sr. 02-25-00  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: D NAME: WEBMAN, JEFF STREET ADDRESS: 6625 SANTONA ROAD CITY-ST-ZIP: CORAL GABLES FL 33146	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: DST NAME: O'LARRY, DANIEL STREET ADDRESS: P.O. BOX 2909 N/A CITY-ST-ZIP: JACKSONVILLE FL 32203	<input checked="" type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: LEE, GARY STREET ADDRESS: P.O. BOX 3967 N/A CITY-ST-ZIP: KISSIMMEE FL 32741	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: DP NAME: KERR, ROBERT STREET ADDRESS: P.O. BOX 708 N/A CITY-ST-ZIP: BELLE GLADE FL 33430	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: HODGE, SHERRY STREET ADDRESS: P.O. BOX 730 N/A CITY-ST-ZIP: BELLE GLADE FL 33430	<input checked="" type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: DV NAME: WILLIAMS, STEVE STREET ADDRESS: P.O. BOX 730 N/A CITY-ST-ZIP: BELLE GLADE FL 33430	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Robert S. Kerr, Sr. 02-25-00 863-422-1131

CR2E037 (9/99)