2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P0000002027 1. Entity Name						· ·
APOLLO POINTE APARTMENTS, INC.						FILED
Principal Place of Business Mailing Address				,		01 APR 27 AM 8:53
•	AWASSEE ROAD SUITE 107	PO 80X 4961	•			CEODETIC AN O. 53
ORLANDO FL 32835 ORLANDO FL 32802-4961					SECRETARY OF STATE TALLAHASSEE, FLORIDA	
2. Principal P	Jace of Business J. HIGHLAND AVE.	3. Mailing Address				
Suite, Apt.	#, etc. 200	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE
City & Stat	NDO, FC	City & State			4	4. FEI Number Applied For Not Applicable
328	303 USA	Zip	Coun	try		5. Certificate of Status Desired S8.75 Additional Fee Required
	6. Name and Address of Current R	egistered Agent		Nome	7	7. Name and Address of New Registered Agent
B&C CORPORATE SERVICES OF CENTRAL FLA INC						
390	NORTH ORANGE AVENUE SUITE 1 ANDO FL 32801			Street Address (P.O. Box Number is Not Acceptable) -05/08/0101059017 -05/08/0101059017 City Street Address (P.O. Box Number is Not Acceptable) -05/08/0101059017 -05/08/0101059017 -05/08/0101059017 -05/08/0101059017		
FL						
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						
Tax filing r	oration is eligible to satisfy its Intangible requirement and elects to do so. la on back)	After MAY 1, 20	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of Stat			10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.
11.	OFFICERS AND D		12.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>(</i> 4.	□ Delete			800 N ORLA	Change Addition PP, STEVEN G. N. HIGHLAND AVE., STE 200 ANDO, FL 32803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	•	☐ Delete				Change Addition TON, CHARLES S N. HIGHLAND AVE., STE 200 ANDO, FL 32803
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			OPLA	NNEY, EUGENE J. N. HIGHLANDAVE., STE 200 ANDO, PL 32803
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			800 ORLA	Change Raddition LER, THOMAS P N. HIGHLAND AVE, STE 200 ANDO, FL 32803
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			800 ORLA	NER, DAVID M. N. HIGHLAND AVE., STE 200 ANDO, PL 32803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	partify that the information available with	Delete	CITY	E Et address -st-zip	800 ORLA	Change 'NAddition VER, ERIC N. HIGHLANDAVE, STE 200 INDO, PL 32803 Tion 119 07(3VI) Florida Statutes I further certify that the information
13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.						

SIGNATUR

SIGNATURE AND TYPED OR PRINTED MAME OF SIGNING OFFICER OR DIRECTOR

4-19-01

407-297-1400