

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000002027

1. Entity Name
APOLLO POINTE APARTMENTS, INC.



FILED

03 APR 25 PM 2:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
800 N. HIGHLAND AVE
STE. 200
ORLANDO, FL 32803

Mailing Address
PO BOX 4961
ORLANDO, FL 32802-4961

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

58-2514395

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

B&C CORPORATE SERVICES OF CENTRAL FLA INC
390 NORTH ORANGE AVENUE SUITE 1100
ORLANDO, FL 32801

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. I am familiar with, and accept the obligations of registered agent.

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 \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
P	KROPP, STEVEN G	800 N. HIGHLAND AVE, STE. 200	ORLANDO, FL 32803	☐
VPS	CARLTON, CHARLES S	800 N. HIGHLAND AVE, STE. 200	ORLANDO, FL 32803	☐
VPAS	MCKINNEY, EUGENE J	800 N. HIGHLAND AVE, STE. 200	ORLANDO, FL 32803	☐
VPAT	LAWLER, THOMAS P	800 N. HIGHLAND AVE, STE. 200	ORLANDO, FL 32803	☐
VPT	WILLNER, DAVID M	800 N. HIGHLAND AVE, STE. 200	ORLANDO, FL 32803	☐
VP	PEISNER, ERIC	800 N. HIGHLAND AVE, STE. 200	ORLANDO, FL 32803	☐

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change	☐ 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 607, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Steven B. Kropp, President

4-18-03

407/297-1000

Date

Daytime Phone #

CR2E034 (10/02)