

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 16, 2001 8:00 am**  
**Secretary of State**  
 01-12-2001 90020 031 \*\*\*150.00

DOCUMENT # **P00000053210** ✓

1. Entity Name

**Atha Urban Flats Inc.**

Principal Place of Business

Mailing Address

**23 N. Summerlin Ave.**  
**Orlando, FL 32801**

**Same**

2. Principal Place of Business

**Same**

3. Mailing Address

**Same**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**Orlando**

Zip

Country

Zip

Country

**32801**

**Orange**

DO NOT WRITE IN THIS SPACE

**01/12/01 90020 031 150.00**

4. FEI Number

**59-3658469**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**Philip C. Rampy**  
**Same Address**

7. Name and Address of New Registered Agent

Name

**Same**

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

9. This corporation is eligible to satisfy its intangible

Tax filing requirement and elects to do so.  
 (See criteria on back)

☐

**FILE NOW!!! FEE IS \$150.00**

**After MAY 1, 2001 Fee will be \$550.00**

**Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution.

**\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE **Vice Pres. / Treas.**  
 NAME **Philip Rampy**  
 STREET ADDRESS **23 N. Summerlin Ave**  
 CITY-ST-ZIP **Orlando FL 32801**

☐ Delete

TITLE **Pres. / Sec.**  
 NAME **Robert Schenwiler**  
 STREET ADDRESS **Same**  
 CITY-ST-ZIP

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
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 STREET ADDRESS  
 CITY-ST-ZIP

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 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change

☐ Addition

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**V.P. 4/4/01**

CR2E034 (1/100)