

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 26, 2002 8:00 am
Secretary of State

08-26-2002 90050 044 ***550.00

DOCUMENT # P01000101980

1. Entity Name

AMERIVEST PROPERTIES, INC.

Principal Place of Business

**10925 BRONSON ROAD
 CLERMONT FL 34711**

Mailing Address

**10925 BRONSON ROAD
 CLERMONT FL 34711**

B0135257



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

505 S. Dillard St.

Suite, Apt. #, etc.

3. Mailing Address

505 S. Dillard St.

Suite, Apt. #, etc.

City & State

Winter Garden, FL.

City & State

Winter Garden, FL.

4. FEI Number

59-3753225

Applied For

Not Applicable

Zip

Country

34787

USA

Zip

Country

34787

USA

5. Certificate of Status Desired

☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**JORDAN, EDWARD P ESQ
 13543 EAST HIGHWAY 50
 CLERMONT FL 34711**

7. Name and Address of New Registered Agent

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

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 \$550.00
 After September 13, 2002 Fee will be \$750.00
 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RIDGE, RYAN 10925 BRONSON ROAD CLERMONT FL 34711 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	505 S. Dillard St. Winter Garden, FL. 34787 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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CR2E034 (4/02)

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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/23/02

Date

407 654 5599

Daytime Phone #