

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000043943

1. Entity Name

WILLOW WOOD APARTMENTS, INC.

**FILED**  
**Feb 20, 2000 8:00 am**  
**Secretary of State**

02-20-2000 90003 028 \*\*\*150.00

Principal Place of Business

Mailing Address

10718 KIRKALDY LANE  
BOCA RATON FL 33498  
US

10718 KIRKADLY LANE  
BOCA RATON FL 33498  
US

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

95-0418228

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LICHTMAN, JONATHAN J  
4800 H. FEDERAL HWY  
SUITE D-100  
BOCA RATON FL 33431

Name

JONATHAN J. LICHTMAN, P.A.

Street Address (P.O. Box Number is Not Acceptable)

4800 H. FEDERAL HIGHWAY

SUITE D-100

City

BOCA RATON

FL

Zip Code

33431

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.

JONATHAN J. LICHTMAN, P.A.

SIGNATURE

*[Signature]*

PRESIDENT

1/14/00

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DPS	<input type="checkbox"/> Delete
NAME	LICHTMAN, JONATHAN J	
STREET ADDRESS	10718 KIKALDY LANE	
CITY-ST-ZIP	BOCA RATON FL 33498	
TITLE	VPTD	<input type="checkbox"/> Delete
NAME	NASS, ROBERT A	
STREET ADDRESS	300 LAUREL RIDGE ROAD	
CITY-ST-ZIP	REINHOLDS PA 17509	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/00

Date

(571) 442-0012

Daytime Phone #

CR2E034 (9/99)