

2000 UNIFORM BUSINESS REPORT (UBR)DOCUMENT # **P93000048380**

1. Entity Name

PALMETTO APARTMENTS OF LAKE LAND, INC.**FILED**
Mar 22, 2000 8:00 am
Secretary of State

03-22-2000 90010 050 ***150.00

Principal Place of Business

Mailing Address

E PALMETTO ST
LAKE LAND FL 33803**1905 SHADY LANE**
LAKE LAND FL 33803-2058
US

2. Principal Place of Business

915 E. PALMETTO ST

Suite, Apt. #, etc.

FL

City & State

LAKE LAND FL

Zip

33803

Country

FLORIDA

3. Mailing Address

1905 SHADY LANE

Suite, Apt. #, etc.

LAKE LAND, FL 33803

City & State

LAKE LAND FL

Zip

33803

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3201400

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

HYDEN, JOHN H
1905 SHADY LANE SOUTH
LAKE LAND FL 33803

7. Name and Address of New Registered Agent

Name

JOHN H. HYDEN

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

1905 SHADY LANE**LAKE LAND FL**

City

FL

Zip Code

33803

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)

3/15/00
DATE9. 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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PSTD	<input type="checkbox"/> Delete
NAME	HYDEN, JOHN H	
STREET ADDRESS	1905 SHADY LANE SOUTH	
CITY-ST-ZIP	LAKE LAND FL 33803	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)