

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 29, 2001 8:00 am**  
**Secretary of State**

05-29-2001 90010 008 \*\*\*150.00

**DOCUMENT # P93000048380**

1. Entity Name  
**PALMETTO APARTMENTS OF LAKE LAND, INC.**

Principal Place of Business

915 E PALMETTO ST  
 LAKE LAND FL 33803  
 US

Mailing Address

1905 SHADY LANE  
 LAKE LAND FL 33803  
 US

2. Principal Place of Business

915 E PALMETTO ST  
 FL

3. Mailing Address

1905 SHADY LANE

Suite, Apt. #, etc.

FL

Suite, Apt. #, etc.

City & State

LAKE LAND FL

City & State

LAKE LAND FL

Zip

33803

Country

FL

Zip

33803

Country

FL

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  
 LAKE LAND FL 33803

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.

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!**  
**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          | 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 |                       |                                 |
| CITY-ST-ZIP    |                       |                                 |
| TITLE          |                       | <input type="checkbox"/> Delete |
| NAME           |                       |                                 |
| STREET ADDRESS |                       |                                 |
| 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    |                                                                   |
| 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    |                                                                   |
| 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:

*John H. Hyden*

JOHN H. HYDEN

01/11/01 (863) 682-6907

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER: R DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

Attachment

977548

Doc # P93000048380

DIVISION OF CORPORATIONS  
TALLAHASSEE, FL 32302

GENTLEMEN:

I CHECKED WITH YOUR OFFICE TODAY  
AND DISCOVERED THAT THE MAY 1 REPORT HAD  
NOT BEEN MAILED. MY ONLY EXCUSE IS THAT  
IN CONVERTING TO A COMPUTER (RECENTLY  
PURCHASED) SOMEHOW THIS REPORT WAS NOT  
PROGRAMMED IN. I WOULD APPRECIATE YOUR  
UNDERSTANDING AND ACCEPT MY APOLOGY.  
I WILL TRY TO BE MORE DILIGENT IN THE  
FUTURE.

SINCERELY YOURS

John W. Hylle

1905 LINDEN LANE

LAKELAND FL 33805