## 2001 UNIFORM BUSINESS REPORT (UBR)

## Mar 19, 2001 8:00 am Secretary of State DOCUMENT # P9400075106 CENTREWOOD DRIVE APARTMENTS INC. 03-19-2001 90500 026 \*\*\*150.00 Principal Place of Business Mailing Address 1801 HERMITAGE BLVD 1801 HERMITAGE BLVD SUITE 600 SUITE 600 TALLAHASSEE FL 32308 TALLAHASSEE FL 32308 HS 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 36-3981163 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name TODD, DAVID E Street Address (P.O. Box Number is Not Acceptable) 1801 HERMITAGE BLVD SUITE 100 TALLAHASSEE FL 32308 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CR2E034 (10/00) DVAT Addition X Change ☐ Delete TITLE TITLE BENNETT, DOUGLAS W Lynne M. Gray NAME 1801 HERMITAGE BLVD, SUITE 100 STREET ADDRESS 1801 Hermitage Blvd., Suite 600 STREET ADDRESS CITY-ST-ZIP TALLAHASSEE FL CITY-ST-ZIP Tallahassee, FL 32308 Change ☐ Addition ☐ Delete TITLE TITLE SMITH, ROGER E NAME NAME STREET ADDRESS 180 NORTH LASALLE STREET STREET ADDRESS CITY-ST-7IP CHICAGO IL 60601 CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE -MCCARTHY, THOMAS D NAME NAME STREET ADDRESS 180 N LASALLE STREET STREET ADDRESS CITY-ST-7IP CITY-ST-7IP CHICAGO IL 60601 DVAT X Delete Change ☐ Addition TITLE TITLE QUICK, LYNNE NAME NAME 1801 HERMITAGE BLVD SUITE 600 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL 32308 ☐ Addition Change ☐ Delete TITLE TITLE TOGNARELLI, MAURY NAME NAME 180 N LASALLE STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CHICAGO IL 60601 ☐ Addition Change VAS ☐ Delete TITLE TITLE KURNICK, KAREN NAME NAME 180 N LASALLE STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHICAGO IL 60601 CITY-ST-ZIP

I hereby certify that the information supplied with this filling 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: <u>Douglas W. Bennett</u>, <u>Director</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

850/488-4406

**FILED**