

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000009422

1. Entity Name  
ARBOR INVESTMENTS, INC.

**FILED**  
**May 01, 2001 8:00 am**  
**Secretary of State**

05-01-2001 90135 017 \*\*\*150.00

0342788

Principal Place of Business  
~~4800 WEST CYPRESS STREET~~  
~~SUITE 451~~  
~~TAMPA FL 33607~~

Mailing Address  
~~4800 WEST CYPRESS STREET~~  
~~SUITE 451~~  
~~TAMPA FL 33607~~

00057183



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**TWO URBAN CENTRE**

3. Mailing Address  
**SAME**

Suite, Apt. #, etc.  
**4890 N. KENNEDY BLVD, S.260**

Suite, Apt. #, etc.

City & State  
**TAMPA FL**

City & State

4. FEI Number **59-3427880**

Applied For  
Not Applicable

Zip  
**33609**

Country  
**USA**

Zip

Country

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

FELDER, BENJAMIN ESQ.  
KASS HODGES, P.A.  
1505 N. FLORIDA AVE.  
TAMPA FL 33601

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!!! FEE IS \$150.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**P**  
**CLENDENING, J W**  
**4600 W CYPRESS SST S 451**  
**TAMPA FL 33607**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**T**  
**MILLER, KIRBY E**  
**17920 SIMMS RD**  
**ODESSA FL 33556**

☒ Delete

TITLE  
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CITY-ST-ZIP

☐ Change ☐ Addition

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**S**  
**MILLER, PEGGY**  
**17920 SIMMS RD**  
**ODESSA FL 33556**

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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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

4-20-01 813-287-0667  
Date Daytime Phone #

CR2E034 (10/00)