

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000042816

1. Entity Name
PICERNE WINDSTAR APARTMENTS ASSOCIATES, INC.

Principal Place of Business
247 NORTH WESTMONTE DRIVE
ALTAMONTE SPRINGS FL 32714

Mailing Address
247 NORTH WESTMONTE DRIVE
ALTAMONTE SPRINGS FL 32714

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 59-3446836

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

COSTOLO, W. TERRY ESQ
215 NORTH EOLA DRIVE
ORLANDO FL 32801

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!!! 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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	D PICERNE, ROBERT M	247 NORTH WESTMONTE DRIVE	ALTAMONTE SPRINGS FL 32714	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
President/Treasurer/Director	Robert M. Picerne	247 N. Westmonte Dr.	Altamonte Springs, FL 32714	<input checked="" type="checkbox"/>	
Vice-President	Dwayne Walker	247 N. Westmonte Dr.	Altamonte Springs, FL 32714		<input checked="" type="checkbox"/>
Vice-President/Secretary	Jack W. Erich	247 N. Westmonte Dr.	Altamonte Springs, FL 32714		<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

Robert M. Picerne, Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/16/01
Date

407/772-0200
Daytime Phone #

FILED
Mar 08, 2001 8:00 am
Secretary of State

03-08-2001 90062 003 ***150.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)