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

## Apr 25, 2000 8:00 am Secretary of State DOCUMENT # P97000062197 WINDSOR SQUARE APARTMENTS, INC. 04-25-2000 90023 001 \*\*\*150.00 Principal Place of Business Mailing Address 101 EAST KENNEDY BLVD., STE, 4130 101 EAST KENNEDY BLVD., STE. 4130 TAMPA FL 33602 TAMPA FL 33602-5152 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3468093 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent\_ Name CHEESEMAN, STEPHEN C Street Address (P.O. Box Number is Not Acceptable) 101 EAST KENNEDY BLVD., STE. 4130 **TAMPA FL 33602** City 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE ☐ Delete TITLE Change ☐ Addition CHEESEMAN, STEPHEN C NAME NAME 101 EAST KENNEDY BLVD., STE. 4130 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33602** VΡ TITLE Delete Change Addition TITLE FYFE, LINDA NAME NAME 101 EAST KENNEDY BLVD, STE 4130 STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP **TAMPA FL 33602** TITLE Delete -. TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete □ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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:

Y-/7- (V) \$13-223-4000.7