

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P97000096856

FILED
Feb 20, 2003
Secretary of State

Entity Name: PARK RICHEY APARTMENTS, INC.

Current Principal Place of Business:

1637 E VINE STREET
SUITE E
KISSIMMEE, FL 34744

New Principal Place of Business:

Current Mailing Address:

1637 E VINE STREET
SUITE E
KISSIMMEE, FL 34744

New Mailing Address:

FEI Number: 59-3481486

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BASQUE, JAMES F
1637 EAST VINE STREET
SUITE E
KISSIMMEE, FL 34744 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: RICH, A WAYNE
Address: 1637 E VINE STREET, SUITE E
City-St-Zip: KISSIMMEE, FL 34744

Title: VP () Delete
Name: TOMPKINS, THOMAS N
Address: 1637 EAST VINE ST STE E
City-St-Zip: KISSIMMEE, FL 34744

Title: ST () Delete
Name: TOMPKINS, THOMAS N
Address: 1637 EAST VINE ST., STE. E
City-St-Zip: KISSIMMEE, FL

Title: VP () Delete
Name: DIXON, KEN
Address: 1637 E VINE STREET, SUITE E
City-St-Zip: KISSIMMEE, FL 34744

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KEN DIXON

VP

02/20/2003

Electronic Signature of Signing Officer or Director

Date