

2001 UNIFORM BUSINESS REPORT (UBR)

0062106

DOCUMENT # P97000106131

1. Entity Name

SAND LAKE POINTE APARTMENTS, INC.

FILED

01 MAR -5 AM 10:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
800 N. HIGHLAND AVENUE, STE. 200
ORLANDO FL 32803

Mailing Address
POST OFFICE BOX 4961
ORLANDO FL 32802-4961



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3491424

Applied For

Not Applicable

Zip

Country

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

B&C CORPORATE SERVICES OF CENTRAL FLORIDA
390 NORTH ORANGE AVENUE
SUITE 1100
ORLANDO FL 32801

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 VP
NAME TUTTLE, MILLS L
STREET ADDRESS 800 N. HIGHLAND AVENUE, STE. 200
CITY-ST-ZIP ORLANDO FL 32803

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VPAS
NAME MCKINNEY, EUGENE J
STREET ADDRESS 800 N. HIGHLAND AVENUE, STE. 200
CITY-ST-ZIP ORLANDO FL 32803

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VPT
NAME WILLNER, DAVID M
STREET ADDRESS 800 N. HIGHLAND AVENUE, STE. 200
CITY-ST-ZIP ORLANDO FL 32803

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VPC
NAME PEISNER, ERIC
STREET ADDRESS 800 N. HIGHLAND AVENUE, STE. 200
CITY-ST-ZIP ORLANDO FL 32803

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE P
NAME KROPP, STEVEN G
STREET ADDRESS 800 N. HIGHLAND AVENUE, STE. 200
CITY-ST-ZIP ORLANDO FL 32803

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VPS
NAME CARLTON, CHARLES S
STREET ADDRESS 800 N. HIGHLAND AVENUE, STE. 200
CITY-ST-ZIP ORLANDO FL 32803

TITLE
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
STEVEN G. KROPP, PRESIDENT

3-1-01 (407)297-1600

Date

Daytime Phone #

CR2E034 (10/00)