

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 18, 2002 8:00 am
Secretary of State

05-28-2002 91701 023 ***150.00

DOCUMENT # P98000013672

1. Entity Name

RG APARTMENTS CORPORATION

Principal Place of Business

% PROPERTY COUNSELORS, INC.
980 N. MICHIGAN AVE SUITE 1675
CHICAGO IL 60611

Mailing Address

% PROPERTY COUNSELORS, INC.
980 N. MICHIGAN AVE SUITE 1675
CHICAGO IL 60611

2. Principal Place of Business

3. Mailing Address

90 PCMG

Suite, Apt. #, etc.

Suite, Apt. #, etc.

POST OFFICE BOX 60195

City & State

City & State

FORT MYERS FL

Zip

Country

Zip

33906

Country

LEE

4. FEI Number

65-0811516

Applied For

Not Applicable

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

PCMG
2719 COLONIAL BV
FT MYERS FL 33806

Name **PCMG**

Street Address (P.O. Box Number is Not Acceptable)

2719 COLONIAL BLVD

City **Fort Myers**

FL

Zip **33907**

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 **Paula Jean Warrum, Controller, PCMG**

1/14/02

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, 2002 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 **P**
NAME **MARLING, JR, JULES**
STREET ADDRESS **980 N. MICHIGAN STE 1675**
CITY-ST-ZIP **CHICAGO IL 60611**

TITLE ☐ Delete
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE **VS**
NAME **POE, RAYMOND**
STREET ADDRESS **980 N. MICHIGAN STE 1675**
CITY-ST-ZIP **CHICAGO IL 60611**

TITLE ☐ Delete
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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NAME ☐ Change ☐ Addition
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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)(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

Date

Daytime Phone #

CR2E034 (9/01)