

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P98000038354**

1. Entity Name
UNIVERSITY MANOR APARTMENTS, INC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 AUG -7 PM 2:40

Principal Place of Business
**3727 N. GOLDENROD RD.
WINTER PARK, FL 32792
(VACANT LAND)**

Mailing Address
**PO BOX 4332
WINTER PARK, FL 32793**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

REINSTATEMENT

THIS SPACE

99-00

Zip

Country

Zip

Country

4. FEI Number

59-35 05238

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

**OWLES, FRANK
4715 S. RIO GRANDE AVENUE
#9
ORLANDO, FL 32839**

Name
M. ALYSON OWLES

Street Address (P.O. Box Number is Not Acceptable)
PO BOX 4332

(1368 WESTDALE AVE)

City
WINTER PARK

FL

Zip Code
32793

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 **M. Alyson Owles, T.V.S.**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

8-3-00

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, 2000 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 PD	<input type="checkbox"/> Delete
NAME OWLES, FRANK	
STREET ADDRESS 4715 S. RIO GRANDE AVE #9	
CITY-ST-ZIP ORLANDO, FL 32839	
TITLE T, V, S	<input type="checkbox"/> Delete
NAME OWLES, ALYSON M	
STREET ADDRESS PO BOX 4332	
CITY-ST-ZIP WINTER PARK, FL 32793-4332	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE T, V, S	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME ALYSON OWLES	
STREET ADDRESS PO BOX 4332 (1368 WESTDALE AVE)	
CITY-ST-ZIP WINTER PARK, FL 32793-4332	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME 600003377506--9	
STREET ADDRESS -08/30/00--01045--011	
CITY-ST-ZIP ****900.00 ****900.00	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: **M. Alyson Owles**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-00

DATE

407-677-9005

DAYTIME PHONE #

CR2E034 (9/99)