

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90161 046 ***150.00

DOCUMENT # P99000080344

1. Entity Name

APARTMENTS AT BRIGHTON PARK, INC.

Principal Place of Business

Mailing Address

**101-1 N.W. 75TH STREET
 GAINESVILLE FL 32607**

**101-1 N.W. 75TH STREET
 GAINESVILLE FL 32607**

2 Principal Place of Business
3901 SW. 20th Ave.

3 Mailing Address
3901 SW. 20th Ave

Suite, Apt. #, etc.
#901

Suite, Apt. #, etc.
#901

City & State
Gainesville, FL.

City & State
Gainesville, FL.

Zip
32607

Country
USA

Zip
32607

Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3168243

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

**PUGH, MERRILL
 101-1 N.W. 75TH STREET
 GAINESVILLE FL 32607**

Name **Pugh, Merrill**
 Street Address (P.O. Box Number is Not Acceptable)
3901 SW. 20th Ave.
Suite 901
 City **Gainesville** **FL** Zip Code **32607**

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, 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
 NAME **POST PUGH, MERRILL** ☐ Delete
 STREET ADDRESS **101-1 N.W. 75TH STREET**
 CITY-ST-ZIP **GAINESVILLE FL 32607**

TITLE
 NAME **POST Pugh, Merrill** ☒ Change ☐ Addition
 STREET ADDRESS **3901 SW. 20th Ave., Ste. 901**
 CITY-ST-ZIP **Gainesville, FL. 32607**

TITLE
 NAME **V PUGH, AMANDA** ☐ Delete
 STREET ADDRESS **101 NW 75TH ST #1**
 CITY-ST-ZIP **GAINESVILLE FL 32607**

TITLE
 NAME **Pugh, Amanda** ☒ Change ☐ Addition
 STREET ADDRESS **3901 N.W. 20th Avenue, Ste #901**
 CITY-ST-ZIP **Gainesville, FL. 32607**

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
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 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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

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

4/2/02 352-092-0591
 Date Daytime Phone #

CR2En34 (9/01)