

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 27, 2003 8:00 am**  
**Secretary of State**

03-27-2003 90099 001 \*\*\*150.00

0069231 AV

**DOCUMENT # P99000080344**

1. Entity Name  
**APARTMENTS AT BRIGHTON PARK, INC.**



Principal Place of Business

**3901 SW 20TH AVE.  
#901  
GAINESVILLE FL 32607**

Mailing Address

**3901 SW 20TH AVE.  
#901  
GAINESVILLE FL 32607**



2. Principal Place of Business

**618 NW 60th St  
Suite A  
Gainesville, FL**

3. Mailing Address

**618 NW 60th St  
Suite A  
Gainesville, FL**

☐ CHECK HERE IF MAKING CHANGES

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

**PUGH, MERRILL  
3901 S.W. 20TH AVE.  
STE 901  
GAINESVILLE FL 32607**

7. Name and Address of New Registered Agent

Name **Pugh, Merrill**  
Street Address **618 NW 60th Street**  
**Suite A**  
**Gainesville, FL 32607**  
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. I am familiar with, and accept the obligations of registered agent.

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PDST** ☐ Delete  
NAME **PUGH, MERRILL**  
STREET ADDRESS **3901 S.W. 20TH AVE. STE. 901**  
CITY-ST-ZIP **GAINESVILLE FL 32607**

TITLE **V** ☐ Delete  
NAME **PUGH, AMANDA**  
STREET ADDRESS **3901 N.W. 20TH AVE. STE #901**  
CITY-ST-ZIP **GAINESVILLE FL 32607**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PDST** ☒ Change ☐ Addition  
NAME **Pugh, Merrill**  
STREET ADDRESS **618 NW 60th St**  
CITY-ST-ZIP **Gainesville, FL 32607**

TITLE **V** ☒ Change ☐ Addition  
NAME **Pugh, Amanda**  
STREET ADDRESS **618 NW 60th St**  
CITY-ST-ZIP **Gainesville, FL 32607**

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

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-19-03**

Date

Daytime Phone #

CR2E034 (10/02)