

2001 UNIFORM BUSINESS REPORT (UBR)

0479602

DOCUMENT # P99000086539

1. Entity Name

LCA MANATEE POINTE APARTMENTS, INC.

FILED

01 APR 27 AM 9:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

800 N. HIGHLAND AVENUE, STE. 200
ORLANDO FL 32803

Mailing Address

POST OFFICE BOX 4961
ORLANDO FL 32802-4961

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3609808

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

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

TITLE ☐ Change ☐ Addition
NAME 8000004161858--0
STREET ADDRESS -05/08/01--01059--010
CITY-ST-ZIP *****150.00 *****150.00

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

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

TITLE VAS ☐ Delete
NAME MCKINNEY, E. JOSEPH
STREET ADDRESS 800 N. HIGHLAND AVENUE, STE. 200
CITY-ST-ZIP ORLANDO FL 32803

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

TITLE VAT ☐ Delete
NAME LAWLER, THOMAS P
STREET ADDRESS 800 N. HIGHLAND AVENUE, STE. 200
CITY-ST-ZIP ORLANDO FL 32803

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

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

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

TITLE V ☐ Delete
NAME DEISNER, ERIC
STREET ADDRESS 800 N. HIGHLAND AVENUE, STE. 200
CITY-ST-ZIP ORLANDO FL 32803

TITLE V ☒ Change ☐ Addition
NAME PEISNER, ERIC
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

Date

Daytime Phone #

4-19-01

407-297-1600

CR2E034 (10/00)