

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000101571

1. Entity Name

FELCHER APARTMENTS, INC. ✓

**FILED**  
**Sep 12, 2000 8:00 am**  
**Secretary of State**

09-12-2000 90144 003 \*\*\*550.00

Principal Place of Business

2550 N. FEDERAL HWY #14  
 FT LAUDERDALE FL 33305

Mailing Address

2550 N. FEDERAL HWY #14  
 FT LAUDERDALE FL 33305

A0076449



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

740-748 Ne 13 Ct

3. Mailing Address

2550 N. Federal Hwy

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FT. Lauderdale, FL

City & State

FT. Lauderdale FL

4. FEI Number

65 096 4234

Applied For

Not Applicable

Zip

Country

33304

USA

Zip

33305

Country

USA

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

FELCHER, WAYNE S  
 2550 N. FEDERAL HWY #14  
 FT LAUDERDALE FL 33305

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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 ☐ Delete  
 NAME D  
 STREET ADDRESS FELCHER, WAYNE S  
 CITY-ST-ZIP 2550 N. FEDERAL HWY #14  
 FT LAUDERDALE FL 33305

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ 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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8/20/00

954-561-5661

CR2E034 (5/00)