## 2000 UNIFORM BUSINESS REPORT (UBR)

091400 **DOCUMENT # \$65860** SEGRETARY OF STATE 1. Entity Name CASS WAY APARTMENTS, INC. 00 SEP 15 AM 7:54 Principal Place of Business Mailing Address 1618 RIDGEWOOD LN 1618 RIDGEWOOD LN SARASOTA FL 34231 SARASOTA FL 34231 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 65-0276573 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent REITHAUSER, JOHANN Street Address (P.O. Box Number is Not Acceptable) 1618 RIDGEWOOD LN SARASOTA FL 34231 Zip Code City 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. SIGNAT⊌RE DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After SEPTEMBER 13, 2000 Mln. will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State П 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Addition TITLE ☐ Delete REITHAUSER, JOHANN NAME NAME 400003408234-1618 RIDGEWOOD LN STREET ADDRESS STREET ADDRESS -03/28/00--01079--011 SARASOTA FL CITY-ST-ZIP CITY-ST-ZIP \*\*\*\* 150 - O Addition \*\*\*\*150.00 ☐ Delete TITLE TITLE REITHAUSER, GABRIELLA NAME NAME 1618 RIDGEWOOD LN STREET ADDRESS STREET ADDRESS SARASOTA FL CITY-ST-ZIP CITY-ST-7IP ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 the 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 outger 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 THEO OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9110

923-1538

Terry O'Halloran
 Rob Mallett
 Michael O'Halloran
 Paul Rydzinski

## West Coast Accounting Inc. Paul Rydzinski - Associates

Accounting Offices 3569 Webber Street Sarasota, Florida 34239

Member
Florida Accountants Association
National Society of Public Accountants

Enrolled to Practice
Before The
Internal Revenue Service

September 11, 2000

Division of Corporations Uniform Business Report Filings PO Box 1500 Tallahassee, FL 32302-1500

Re: Cass Way Apartments Inc.

Dear Sir or Madam:

The officers and directors have recently returned from an extended trip to Europe necessary due to a lengthy family illness and subsequent death.

Their daughter was responsible for financial matters in their absence and neglected to renew the annual report with the Division of Corporations.

We enclose our check for \$150.00 and trust this matter is now resolved.

Thank you for your cooperation.

Sincerely,

Terry O'Halloran