

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 26, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # S96920**1. Entity Name  
APARTMENT HUNTERS, INC.

## Principal Place of Business

1310 WEST UNIVERSITY AVE.

GAINESVILLE  
32603

FL

## Mailing Address

1310 WEST UNIVERSITY AVE.

GAINESVILLE  
32603

FL

## 2. Principal Place of Business

11209 N. DALE MABRY HIGHWAY

## 3. Mailing Address

11209 N. DALE MABRY HIGHWAY

Suite, Apt. #, etc.  
SUITE DSuite, Apt. #, etc.  
SUITE DCity & State  
TAMPA

FL

City & State  
TAMPA

FL

Zip  
33618

Country

Zip  
33618

Country

## 4. FEI Number

59-3094616

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

OEHLERKING STEVE  
11209 N. DALE MABRY HIGHWAY  
SUITE D  
TAMPA  
33618

FL

US

## 7. Name and Address of New Registered Agent

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 **STEVE OEHLERKING**

04/26/2001

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

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	STD	<input type="checkbox"/> Delete
NAME	OEHLERKING BARBARA	
STREET ADDRESS	17301 EQUESTRIAN TRAIL	
CITY-ST-ZIP	ODESSA FL 33556	
TITLE	PD	<input type="checkbox"/> Delete
NAME	OEHLERKING STEVE	
STREET ADDRESS	17301 EQUESTRIAN TRAIL	
CITY-ST-ZIP	ODESSA FL 33556	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVIS DAVID A	
STREET ADDRESS	2951 GOLDENVUE LANE	
CITY-ST-ZIP	ORLANDO FL 32812	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: **STEVE OEHLERKING**

P

04/26/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)