

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # A96000001283**  
 1. Entity Name  
**THE HATTERAS APARTMENTS, LTD.**

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

00 FEB 14 AM 10:22



Principal Place of Business  
 503 S.E. 20 AVENUE, #6-B  
 BOYNTON BEACH FL 33435

Mailing Address  
 3460 FAIRLANE FARMS RD., SUITE 13  
 WELLINGTON FL 33414-8755

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**3460 FAIRLANE FARMS ROAD**

3. Mailing Address  
 Suite, Apt. #, etc.  
**SUITE 13**

City & State  
**WELLINGTON, FL**

City & State  
 City Zip Country

4. FEI Number **59-1740355** Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**ROSEN, PAUL**  
**3460 FAIRLANE FARMS RD., SUITE 13**  
**WELLINGTON FL-33414**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. Capital Contributions as Shown on record: **\$300,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. **MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION	
DOCUMENT #	P96000041487
NAME	THE HATTERAS APARTMENTS, INC.
STREET ADDRESS	3460 FAIRLANE FARMS RD., SUITE 13
CITY - ST - ZIP	WELLINGTON FL 33414
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
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STREET ADDRESS	
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DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY - ST - ZIP	200003148202--7 -02/25/00--01095-012 ***526.25 ***526.25
STREET ADDRESS	
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STREET ADDRESS	
CITY - ST - ZIP	

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: **PAUL ROSEN** **REQUIRE** **2-2-00** **561-790-7453**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #  
**PAUL ROSEN**

CR2E003 (9/99)