

# 2001 UNIFORM BUSINESS REPORT (UBR)

0002149 AF

**DOCUMENT # A98000002486**

1. Entity Name

**WATERFORD POINTE APARTMENTS, LTD.**

**FILED**

01 APR 27 AM 10:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>800 NORTH HIGHLAND AVE., SUITE 200 ORLANDO FL 32803</b>	Mailing Address <b>P.O. BOX 4961 ORLANDO FL 32802-4961</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number <b>59-3541007</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**

**B&C CORPORATE SERVICES OF CENTRAL FL, INC.  
390 NORTH ORANGE AVE., SUITE 1100  
ORLANDO FL 32801**

**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. **\$6,247,050.00**

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 # NAME STREET ADDRESS CITY-ST-ZIP	<b>P98000092850 WATERFORD POINTE APARTMENTS, INC. 800 NORTH HIGHLAND AVE., SUITE 200 ORLANDO FL 32803</b>
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13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	<b>300004137119-7 -05/04/01--01094--006 ****526.25 ****526.25</b>
CITY-ST-ZIP	
STREET ADDRESS	<i>BR</i>
CITY-ST-ZIP	
STREET ADDRESS	<i>4/27</i>
CITY-ST-ZIP	
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

**WATERFORD POINTE APARTMENTS, INC.**

SIGNATURE: *Signature* **SIGNATURE REQUIRED** *4-19-01* *407-297-1600*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)