

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A98000000659**

1. Entity Name

**HIAWASSEE OAKS APARTMENTS, LTD.**

FILED

02 MAY -1 AM 11:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

**5015 SOUTH FLORIDA AVENUE, 2ND FLOOR  
LAKELAND FL 33813**

Mailing Address

**5015 SOUTH FLORIDA AVENUE, 2ND FLOOR  
LAKELAND FL 33813**

2. Principal Place of Business

**500 S. Florida Ave**

3. Mailing Address

**P O Box 5252**

Suite, Apt. #, etc.

**Suite 700**

Suite, Apt. #, etc.

City & State

**Lakeland FL**

City & State

**Lakeland FL**

Zip

**33801**

Country

Zip

**33801**

Country

DUE BY MAY 1, 2002

4. FEI Number

**59-3498246**

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**MAXWELL, LAWRENCE T**

**5015 SOUTH FLORIDA AVENUE, 2ND FLOOR  
LAKELAND FL 33813**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

**500 S. Florida Ave**

**Suite 700**

City

**Lakeland**

FL

Zip Code

**33801**

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.

DATE

9. Capital Contributions  
as Shown on record.

**\$10,000.00**

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 # **P29845**  
NAME **A & M BUSINESS PROPERTIES, INC.**  
STREET ADDRESS **5015 SOUTH FLORIDA AVENUE, 2ND FLOOR**  
CITY-ST-ZIP **LAKELAND FL 33813**

13. ADDRESS CHANGES ONLY

STREET ADDRESS

**500 S. Florida Ave Suite 700**

CITY-ST-ZIP

**Lakeland FL 33801**

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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:

**SIGNATURE REQUIRED**

04/30/02

Date

Daytime Phone #

0014373 AT

CR2E003 (9/01)