2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2000 8:00 am
Secretary of State
03-06-2000 90045 016 ****61.25

DOCUMENT # 719891

1. Entity Name

FLORIDA CHRISTIAN APARTMENTS, INC.

Principal Place of Business	Mailing Address
1115 S. EDGEWOOD AVENUE JACKSONVILLE FL 32205	1115 S. EDGEWOOD AVENUE JACKSONVILLE FL 32205-5381

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-1737422 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
THE PRENTICE-HALL CORPORATION SYSTEM INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301	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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD BRITTON, TAMER P.O. BOX 12163 N/A JACKSONVILLE FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ALEXANDER, MARK G. 50 N. LAURA STREET SUITE 3900 JACKSONVILLE, FL 32202	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ETHRIDGE, JAMES B 304 WILSON'S MILL S RD SMITHFIELD NC	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CORAM, RICHARD M. 142 30TH AVE SOUTH JACKSONVILLE BEACH, FL 32250	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD HILLERY, JAMES 920 PLATO AVENUE ORLANDO FL 32809	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD DOWNS, GENE P. 6177 6TH AVE N ST. PETERSBURG, FL 33710	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD TUMBLIN, RICHARD 4202 BARBARA DR KNOXVILLE TN	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BURTON, JAMES R. 2726 BURNS ROAD PALM BEACH GARDENS, FL 33410	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MOORE, JOAN 1718 OSCEOLA STREET JACKSONVILLE FL 32204	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD MOORE, JOAN E. 1718 OSCEOLA STREET JACKSONVILLE, FL 32204	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD ENTWISTLE, DAN 4019 LAKE MIRAGE BLVD. ORLANDO FL 32817	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD YOUNG, WILLIAM A. 44 OAKVIEW CIRCLE ORMOND BEACH, FL 32176	☐ Change ☒ Addition

CR2E037 (9/99)

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. RONALD L. SCARBROUGH

SIGNATURE: [signature] DIRECTO 2-23-00 904-381-5650
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #