

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 15, 2001 08:00 AM**
Secretary of State**DOCUMENT # A00000001883**

1. Entity Name

WESTSIDE REGENCY APARTMENTS, LTD.

Principal Place of Business

Mailing Address

C/O REGENCY DEVELOPMENT ASSOCIATES, INC.
110 BRY LYNN DRIVE
WEST MELBOURNE FL
32904C/O REGENCY DEVELOPMENT ASSOCIATES, INC.
110 BRY LYNN DRIVE
WEST MELBOURNE FL
32904

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3697964

Applied For

Not Applicable

Zip

Country

Zip

Country

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

FOWLER RENEE
110 BRY LYNN DRIVEWEST MELBOURNE
32904

US

FL

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 **RENEE FOWLER****05/15/2001**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions

as Shown on record. 1,000.00

10. Amount of Capital Contributions

in FLORIDA to date. 0.00

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

13. ADDRESS CHANGES ONLY

DOCUMENT #
NAME WRA CAPITOL, INC.
STREET ADDRESS 110 BRY LYNN DRIVE
CITY-ST-ZIP WEST MELBOURNE FL 32904

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME REGENCY INVESTMENT ASSOCIATES, INC.
STREET ADDRESS 2700 WYCLIFF ROAD, SUITE 312
CITY-ST-ZIP RALEIGH NC 27607

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
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CITY-ST-ZIP

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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: **Steven DeFrancis**

05/15/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (11/00)