

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A01000000380**

1. Entity Name

**PINECREST SCHOOL PARTNERS, L.L.P.**

Principal Place of Business

**C/O THOMAS R. ALLEN, ESQ.  
14 EAST WASHINGTON STREET, SUITE 600  
ORLANDO FL 32801**

Mailing Address

**6189 WINTER GARDEN-VINELAND ROAD  
WINDERMERE FL 34786**

APPROVED  
AND  
FILED

02 APR 22 PM 3:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business

**6189 Winter Garden Vineland Rd.**

3. Mailing Address

Suite, Apt. #, etc.

**DUE BY MAY 1, 2002**

City & State

**Windermere, FL**

City & State

4. FEI Number

☒ 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

**ALLEN, THOMAS R ESQ.  
C/O ALLEN, LANG, ET AL  
14 EAST WASHINGTON STREET, SUITE 600  
ORLANDO FL 32801**

7. Name and Address of New Registered Agent

Name **American Campus Properties, Inc**  
Street Address (P.O. Box Number is Not Acceptable) **6189 Winter Garden Vineland Rd**  
City **Windermere** **FL** Zip Code **34786**

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.

**Richard H. Hornbeck, Secretary 4/11/02**

DATE

9. Capital Contributions as Shown on record.

**\$6,000,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

**0**

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 # **P99000089390**  
NAME **THE AMERICAN CAMPUS PROPERTIES, INC.**  
STREET ADDRESS **6189 WINTER GARDEN-VINELAND ROAD**  
CITY-ST-ZIP **WINDERMERE FL 34786**

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

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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: **Richard H. Hornbeck, Secretary 4/11/02 407-905-7700**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER  
Date Daytime Phone #

0016360 AT

CR2E003 (9/01)