

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A01826**

1. Entity Name

PENSACOLA HERITAGE APARTMENTS, LTD.

Principal Place of Business

**211 EAST BRENT LANE
PENSACOLA FL 32503**

Mailing Address

**211 EAST BRENT LANE
PENSACOLA FL 32503**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 MAR -8 PM 12:41



2. Principal Place of Business

6076 Forest Green Rd.

Suite, Apt. #, etc.

3. Mailing Address

6076 Forest Green Rd.

Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State

Pensacola, FL

City & State

Pensacola, FL

4. FEI Number

59-1318583

Applied For

Not Applicable

Zip

32505

Country

Zip

32505

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

NELSON, GILBERT

6076 FOREST GREEN ROAD

PENSACOLA FL 32505

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

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

DATE

9. Capital Contributions
as Shown on record.

\$743,494.00

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 #

NAME

STREET ADDRESS

CITY-ST-ZIP

**NELSON, GILBERT
6076 FOREST GREEN RD.
PENSACOLA FL 32505**

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

600005072736 5
-03/08/02--01033--016
******193.75 ****141.25**
FF \$141.25

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: *Gilbert Nelson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Gilbert Nelson

3/4/02

Date

Daytime Phone #

CR2E003 (9/01)

0006973 AT

STAPLE CHECK HERE