

2000 UNIFORM BUSINESS REPORT (UBR)

0019920 1

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| DOCUMENT # A01910 | | | |
| 1. Entity Name ORTEGA ARMS APARTMENTS, LTD. | | | |
| Principal Place of Business POST OFFICE BOX 47050 3740 BEACH BLVD JACKSONVILLE FL 32247 | | Mailing Address POST OFFICE BOX 47050 3740 BEACH BLVD JACKSONVILLE FL 32247-7050 | |
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |
| 6. Name and Address of Current Registered Agent DEMETREE, JACK C. 3740 BEACH BLVD. SUITE 300 JACKSONVILLE FL 32207 | | 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____ | | | |
| 9. Capital Contributions as Shown on record. \$270,000.00 | | 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 | | 13. ADDRESS CHANGES ONLY | |
| DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP | DEMETREE, WILLIAM C. 3740 BEACH BLVD, #300 JACKSONVILLE FL | STREET ADDRESS CITY - ST - ZIP | 400003156084---E -03/03/00--01024--018 ****535.00 ****535.00 |
| DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP | DEMETREE, JACK C. 3740 BEACH BLVD, #300 JACKSONVILLE FL | STREET ADDRESS CITY - ST - ZIP | mf 3/1/00 |
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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: SIGNATURE REQUIRED | | Date 2/10/00 De/line Phone # 904/398-7350 | |

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 FEB 22 AM 11:04



DO NOT WRITE IN THIS SPACE

CR2E003 (9/99)