

2001 UNIFORM BUSINESS REPORT (UBR)

0011962 AF

DOCUMENT # **A06915**

1. Entity Name

HERITAGE APARTMENTS, LTD.

Principal Place of Business

1834 HERMITAGE BLVD.
SUITE 201
TALLAHASSEE FL 32308

Mailing Address

1834 HERMITAGE BLVD.
SUITE 201
TALLAHASSEE FL 32308

FILED
01 MAR 23 AM 10:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2019 Centre Pointe Blvd

Suite, Apt. #, etc.

Suite 101

City & State

Tallahassee, FL

Zip

32308

Country

U.S.A.

3. Mailing Address

2019 Centre Pointe Blvd

Suite, Apt. #, etc.

Suite 101

City & State

Tallahassee, FL

Zip

32308

Country

U.S.A.

4. FEI Number

59-2108407

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MOTTICE, H. JAY
1834 HERMITAGE BLVD.
SUITE 201
TALLAHASSEE FL 32308

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
2019 Centre Pointe Blvd

Suite 101

City

Tallahassee

FL

Zip 32308

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

9. Capital Contributions
as Shown on record.

\$0.00

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

DOCUMENT #
NAME MOTTICE, HOMER J
STREET ADDRESS 1834 HERMITAGE BLVD., SUITE 201
CITY-ST-ZIP TALLAHASSEE FL

13. ADDRESS CHANGES ONLY

STREET ADDRESS 2019 Centre Pointe Blvd., Suite 101
CITY-ST-ZIP Tallahassee, FL 32308

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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

3-1-01 386-2117

CR2E003 (11/00)