

# 2000 UNIFORM BUSINESS REPORT (UBR)

CR2E003 (9/99)

**DOCUMENT # A12149**

1. Entity Name  
**DIXIE GROVE APARTMENTS, LTD.**

Principal Place of Business 1002 W. 23RD ST., SUITE 400 <del>CALLER BOX 17</del> PANAMA CITY FL 32405	Mailing Address 1002 W. 23RD ST., SUITE 400 <del>CALLER BOX 17</del> PANAMA CITY FL 32405-3648
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**HENRY, ROBERT F.**  
1002 W. 23RD ST.  
SUITE 400  
PANAMA CITY FL 32405

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)  
Signature, typed or printed name of registered agent and title if applicable. DATE \_\_\_\_\_

9. Capital Contributions as Shown on record. <b>\$418,300.00</b>	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**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	<b>598978</b> <b>ROYAL AMER.DEVELOPMENT</b> 1002 W. 23RD ST., #400 PANAMA CITY FL	STREET ADDRESS	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	<b>F80424</b> <b>SO. COASTAL MORTGAGE CO.</b> 1002 W. 23RD ST., #400 PANAMA CITY FL	STREET ADDRESS	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	<b>CHAPMAN, JOSEPH F., III</b> 1002 W. 23RD ST., #400 PANAMA CITY FL	STREET ADDRESS	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS	
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*Handwritten:* 437.50 / 88.75 / 88.75 / 635.00

*Printed:* 00003281852 6  
-06/08/00--01079--001  
\*\*44346.87 \*\*\*535.80

**FILED**  
00 MAY - 1 PM 12:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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]* **DATE:** 02/28/00 **DAYTIME PHONE #:** 850 769-8981

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER