

# 2000 UNIFORM BUSINESS REPORT (UBR)

0118 AF

**DOCUMENT # A12702**

1. Entity Name  
**PINELAND APARTMENTS, LTD.**

Principal Place of Business <b>1002 W. 23RD ST., SUITE 400          CALLER BOX 17          PANAMA CITY FL 32405</b>	Mailing Address <b>1002 W. 23RD ST., SUITE 400  <del>CALLER BOX 17</del>          PANAMA CITY FL 32405-3648</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State	City & State	4. FEI Number <b>59-2202484</b>	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

**HENRY, ROBERT F., III  
 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) DATE \_\_\_\_\_

9. Capital Contributions as Shown on record. <b>\$21,000.00</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

DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	<b>598978 ROYAL AMER. DEVEL., INC 1002 W. 23RD ST., #400 PANAMA CITY FL</b>
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	
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13. ADDRESS CHANGES ONLY

STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
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CITY - ST - ZIP	

Handwritten notes: 14700, 88.75, 8.75, 244.50

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 \*\*44346.07 \*\*\*\*244.50

SECRETARY OF STATE  
 PALM HARBOR, FLORIDA  
 MAY - 1 PM 12: 27  
 FILED

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 Ronald J. Logan **RELIANCE REQUIRED** Rebecca J. Logan, Asst. Sec 2/28/00 850/769-8981

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

FORM 1300 FIC