

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A14838**

1. Entity Name

CRESCENT LAKES APARTMENTS LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 28 PM 12:06

Principal Place of Business

% HARRIS
5161 BEACH BL
JACKSONVILLE FL 32207

Mailing Address

% HARRIS
6701 VERONICA CT.
ST. AUGUSTINE FL 32086-7899

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

1365-R, S.R. 206 EAST

Suite, Apt. #, etc.

Same

City & State

ST AUGUSTINE FL

City & State

ST AUGUSTINE FL

Zip

32086

Country

USA

Zip

Country

4. FEI Number

59-2405143

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HARRIS, J. ROGER
5161 BEACH BLVD. #7R
JACKSONVILLE FL 32304

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

1365-R, S.R. 206 EAST

City

ST. AUGUSTINE

FL

Zip Code

32086

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.

\$95.00

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
STREET ADDRESS
CITY - ST - ZIP
HARRIS, J. ROGER
1210 SEMINOLE DR.
FT. LAUDERDALE FL

13. ADDRESS CHANGES ONLY

STREET ADDRESS
CITY - ST - ZIP
1365-R, S.R. 206 EAST
ST. AUGUSTINE, FL 32086

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

STREET ADDRESS
CITY - ST - ZIP
100003267701--4
-05/26/00--01010--002

DOCUMENT #
NAME
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****150.00 ****150.00

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STREET ADDRESS
CITY - ST - ZIP

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] J. ROGER HARRIS 904 794-6898
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2 E03 (9/99)