

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A18127

1. Entity Name

NORTHWOODS III APARTMENTS, LTD.

FILED

00 JAN 31 PM 1:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

793 PICCADILLY SQUARE DRIVE
SUITE B
MOBILE AL 36609

Mailing Address

793 PICCADILLY SQUARE DRIVE
SUITE B
MOBILE AL 36609-5107

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number

63-0887394

Applied For

Not Applied For

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~PENDOE, JUDY~~

4041 EAST OLIVE ROAD
PENSACOLA FL 32514

Name

ALLISON CLEMONS

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

4041 E. OLIVE RD

City

PENSACOLA

FL

Zip Code

32514

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

ALLISON CLEMONS

[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.

\$45,200.00

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

ANDERSON, ROBERT H.
793 PICCADILLY SQUARE DRIVE, SUITE B
MOBILE AL 33609

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

KNIGHT, STILLMAN D., JR.
1290 MAIN STREET, SUITE C
DAPHNE AL 36526

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

13.

ADDRESS CHANGES ONLY

STREET ADDRESS

CITY - ST - ZIP

700003121817--8

-02/03/00--01005--010

****405.15 ****405.15

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

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CITY - ST - ZIP

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 the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1-20-00

Date

Daytime Phone #

(334) 343-334