

2001 UNIFORM BUSINESS REPORT (UBR)

0002648 AF

DOCUMENT # A25073

1. Entity Name
NORTHGATE PLACE APARTMENTS, LTD.

FILED
01 MAY -1 PM 6:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business 4305 VINELAND RD. SUITE G15-A ORLANDO FL 32811	Mailing Address 4305 VINELAND RD. SUITE G15-A ORLANDO FL 32811
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2. Principal Place of Business 4307 Vineland Road Suite, Apt. #, etc. Suite H 12 City & State Orlando FL Zip 32811 Country	3. Mailing Address 4307 Vineland Road Suite, Apt. #, etc. Suite H 12 City & State Orlando FL Zip 32811 Country
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4. FEI Number 59-2836399	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
ROHDIE, ROBERT C
443 HAPTONCREST CIR. #301
HEATHROW FL 32746

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOT Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record. **\$450,000.00**

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	J88476 NORTHGATE PLACE DEVELOPMENT, INC. 4305 VINELAND RD. ORLANDO FL 32811
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	ROHDIE, ROBERT C 443 HAMPTONCREST CIR. #301 HEATHROW FL
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	GINSBURG, ALAN H 147 INTERLACHEN #350 WINTER PARK FL
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	4307 Vineland Road Suite H 12
CITY-ST-ZIP	Orlando FL 32811
STREET ADDRESS	
CITY-ST-ZIP	BK
STREET ADDRESS	300004274703--7
CITY-ST-ZIP	-05/21/01--01173--005 ***526.25 ***526.25
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

14. I hereby certify that the information supplied in 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 REQUIRED** _____ DATE: **4/30/01** DAYTIME PHONE #: **407-650-1958**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

CR2E003 (11/00)