

2000 UNIFORM BUSINESS REPORT (UBR)

0002145 AF

DOCUMENT # **A25356**

1. Entity Name

COLONY REALTY PARTNERS 1986, LIMITED

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

APR 13 AM 11:43



Principal Place of Business

ATTN: JOHN C. YERGLER, ESQ.

P.O. BOX 2809

ORLANDO FL 32802

Mailing Address

ATTN: JOHN C. YERGLER, ESQ.

P.O. BOX 2809

ORLANDO FL 32802-2809

DO NOT WRITE IN THIS SPACE

Principal Place of Business

MINERVA REAL ESTATE INV.

3. Mailing Address

Suite, Apt. #, etc.

4401 NORTHSIDE PKWY

SUITE 200 ATLANTA, GA

City & State

30327

Country

USA

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

52-1464024

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

YERGLER, JON C

LOWNDES, DROSDICK, DOSTER, KANTOR & REED

215 NORTH EOLA DRIVE

ORLANDO FL 32802-2809

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

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.

\$5,500,000.00

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 # **B94000000006**
NAME **MATUSCHKA SERVICES (GEORGIA)-1985, LTD.**
STREET ADDRESS **5 CONCOURSE PKWY, SUITE 1970**
CITY - ST - ZIP **ATLANTA GA 30328**

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13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY - ST - ZIP

600003239856--6

-05/04/00--01084--005

******526.25 ****526.25**

STREET ADDRESS

CITY - ST - ZIP

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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 REQUIRED
Joseph L. Harris

3/30/00

Date

Daytime Phone #

166(6) (100) 2-0