

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A28197**

1. Entity Name

**BACK BAY APARTMENTS, A LIMITED PARTNERSHIP**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 APR 27 AM 3:05



DO NOT WRITE IN THIS SPACE

Principal Place of Business

P.O. BOX 40177  
INDIANAPOLIS IN 46240

Mailing Address

P.O. BOX 40177  
INDIANAPOLIS IN 46240-0177

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**35-1786725**

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

**KARNS, LARRY A  
7332 NW FIFTH ST  
PLANTATION FL 33317**

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.

**\$0.00**

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

13. ADDRESS CHANGES ONLY

DOCUMENT #

NAME

**BASILE, FRANK  
8445 QUAIL HOLLOW RD.  
INDIANAPOLIS IN**

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #

NAME

**BEATTY, JAMES W  
5781 N. PENNSYLVANIA ST.  
INDIANAPOLIS IN**

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #

NAME

**BISESI, JAMES T  
8617 SEAWARD LANE  
INDIANAPOLIS IN**

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

**000003257740--5  
-05/18/00--01098--001  
\*\*\*1091.25 \*\*\*\*141.25**

DOCUMENT #

NAME

**GLICK, EUGENE B  
215 WILLIAMS COURT  
INDIANAPOLIS IN**

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #

NAME

**GLICK, MARILYN K  
215 WILLIAMS COURT  
INDIANAPOLIS IN**

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #

NAME

**LANDMAN, BERNARD JR.  
9504 MOORE ROAD  
ZIONSVILLE IN**

STREET ADDRESS

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Eugene B. Glick, General Partner

4/20/00

Date

317/469-0400

Daytime Phone #

CR2E003 (9/99)