

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A28197**

1. Entity Name  
**BACK BAY APARTMENTS, A LIMITED PARTNERSHIP**



**FILED**

03 APR 18 AM 11:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
P.O. BOX 40177  
INDIANAPOLIS IN 46240

Mailing Address  
P.O. BOX 40177  
INDIANAPOLIS IN 46240

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**DUE BY MAY 1, 2003**

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

7. Name and Address of New Registered Agent

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

DATE \_\_\_\_\_

9. Capital Contributions as Shown on record. **\$0.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. 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	<b>BASILE, FRANK</b>
STREET ADDRESS	<b>8445 QUAIL HOLLOW RD.</b>
CITY-ST-ZIP	<b>INDIANAPOLIS IN</b>
DOCUMENT #	
NAME	<b>BEATTY, JAMES W</b>
STREET ADDRESS	<b>5781 N. PENNSYLVANIA ST.</b>
CITY-ST-ZIP	<b>INDIANAPOLIS IN</b>
DOCUMENT #	
NAME	<b>BISEI, JAMES T</b>
STREET ADDRESS	<b>8617 SEAWARD LANE</b>
CITY-ST-ZIP	<b>INDIANAPOLIS IN</b>
DOCUMENT #	
NAME	<b>GLICK, EUGENE B</b>
STREET ADDRESS	<b>215 WILLIAMS COURT</b>
CITY-ST-ZIP	<b>INDIANAPOLIS IN</b>
DOCUMENT #	
NAME	<b>GLICK, MARILYN K</b>
STREET ADDRESS	<b>215 WILLIAMS COURT</b>
CITY-ST-ZIP	<b>INDIANAPOLIS IN</b>
DOCUMENT #	
NAME	<b>LANDMAN, BERNARD JR.</b>
STREET ADDRESS	<b>9504 MOORE ROAD</b>
CITY-ST-ZIP	<b>ZIONSVILLE IN</b>

STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	<b>200016321482</b>
CITY-ST-ZIP	<b>04/18/03--01039--016 **526.25</b>
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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 REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

**4/9/03 469-0400**

CRP009 (1/02)

0019831 MB

STAPLE CHECK HERE