

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A28657**

1. Entity Name

COLUMBUS CENTER ASSOCIATES, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 27 AM 3:05



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**9830 COLONNADE BLVD., STE. 600 SUITE 600
SAN ANTONIO TX 78230-2239**

Mailing Address
**9830 COLONNADE BLVD., STE. 600 SUITE 600
SAN ANTONIO TX 78230-2202**

2. Principal Place of Business
9830 Colonnade Blvd.

3. Mailing Address
9830 Colonnade Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 600

Suite 600

City & State
San Antonio, TX

City & State
San Antonio, TX

4. FEI Number
74-2676132

Applied For

Not Applicable

Zip
78230-2239

Country
USA

Zip
78230-2239

Country
USA

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

**ALHAMBRA GABLES ONE, INC.
5405 W. CYPRESS
SUITE 109
TAMPA FL 33607**

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. **\$3,322,072.00**

10. Amount of Capital Contributions in FLORIDA to date. **\$3,322,072.00**

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 # **P26771**
NAME **ALHAMBRA GABLES ONE, INC**
STREET ADDRESS **8000 ROBT.F. MCDERMOTT FREEWAY, SUITE 600**
CITY - ST - ZIP **SAN ANTONIO TX 78230-3884**

STREET ADDRESS **9830 Colonnade Blvd., Suite 600**
CITY - ST - ZIP **San Antonio, TX 78230-2239**

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

STREET ADDRESS **300003259799--0**
CITY - ST - ZIP **-05/22/00--01002--006**
******526.25 ****526.25**

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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: *Randall J. Smith* **President/Secretary**

4/24/00

(210) 498-7993

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 19/99