

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A32219**

1. Entity Name

**OAK POINTE APARTMENTS, A LIMITED PARTNERSHIP**

Principal Place of Business

P.O. BOX 6566  
COLUMBUS GA 31995

Mailing Address

P.O. BOX 6566  
COLUMBUS GA 31917-6566

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**58-1953560**

Applied For

Not Applicable

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

**CORPORATION INFORMATION SERVICES, INC.  
1201 HAYS STREET  
TALLAHASSEE FL 32301**

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.

**\$98.00**

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  
STREET ADDRESS  
CITY - ST - ZIP

**FLOURNOY, JOHN F.  
900 BROOKSTONE CENTRE  
COLUMBUS GA**

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**M97000000043  
FLOURNOY TAX CREDIT INVESTMENT COMPANY LLC  
900 BROOKSTONE CENTRE  
COLUMBUS GA**

STREET ADDRESS

CITY - ST - ZIP

**700003195597--7**  
~~04/04/00 01085 013~~  
**\*\*\*\*141.25 \*\*\*\*141.25**

DOCUMENT #  
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STREET ADDRESS  
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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: \_\_\_\_\_

*Thomas D. Kinney*  
**THOMAS D. KINNEY**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**THOMAS D. KINNEY**

**3/17/2000**

Date

**(706) 324-4000**

Daytime Phone #

**FILED**  
**00 MAR 27 PM 9:00**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E003 (9/99)