

2000 UNIFORM BUSINESS REPORT (UBR)

0012437 AF

DOCUMENT # **A32907**

1. Entity Name

ATLANTIC PINES APARTMENTS, LTD.

FILED

00 APR 13 PM 2:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
430 NE THIRD ST., #5
P.O. BOX 2917
CRYSTAL RIVER FL 34423

Mailing Address
430 NE THIRD ST., #5
P.O. BOX 2917
CRYSTAL RIVER FL 34423-2917

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.
583 E. GULF TO LAKE HIGHWAY

City & State
LECANTO, FL

City & State

4. FEI Number 59-3147856

Applied For
Not Applicable

Zip
34461

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

WILSON, MAUREEN
430 NE THIRD ST., #5
CRYSTAL RIVER FL 34423

Name
MAUREEN WILSON
Street Address (P.O. Box Number is Not Acceptable)
583 EAST GULF TO LAKE HIGHWAY
City LECANTO FL Zip Code 34461

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. \$204,671.00

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 # N31431
NAME FLORIDA LOW INCOME HOUSING ASSOCIATES, INC
STREET ADDRESS 427 N.E. THIRD STREET
CITY - ST - ZIP CRYSTAL RIVER FL

STREET ADDRESS
CITY - ST - ZIP
STREET ADDRESS
CITY - ST - ZIP
100003219751--8
-04/24/00--01030--028
****535.00 ****535.00

DOCUMENT # F94000001201
NAME NATIONAL CORPORATE TAX CREDIT, INC.
STREET ADDRESS 9090 WILSHIRE BLVD., SUITE 201
CITY - ST - ZIP BEVERLY HILLS CA 90211

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

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DOCUMENT #
NAME
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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

1/06/00 352-726-1113

CR2E003 (9/99)