

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A32907**

1. Entity Name

ATLANTIC PINES APARTMENTS, LTD.

Principal Place of Business
**583 E. GULF TO LAKE HWY.
LECANTO FL 34461**

Mailing Address
**583 E. GULF TO LAKE HWY.
LECANTO FL 34461**

P.O. Box 10293

2. Principal Place of Business
701 White Blvd.

3. Mailing Address
701 White Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY SEPTEMBER 26, 2001

City & State
Inverness, FL 34453

City & State
Clearwater, FL 34653

4. FEI Number
59-3147856

Applied For
Not Applicable

Zip
34453

Country
US

Zip
34453-33757

Country
US

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
583 E. GULF TO LAKE HWY.
LECANTO FL 34461**

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.

\$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 **583 E. GULF TO LAKE HWY**
CITY-ST-ZIP **LECANTO FL**

STREET ADDRESS

CITY-ST-ZIP

300004634823--8

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

**-10/12/01--01049--017
****535.00 ****535.00**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

300004634823--8

**-10/12/01--01049--018
****400.00 ****400.00**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

8-27-001 352-726-1113

Date

Daytime Phone #

CR2E003 (5/01)