

2000 UNIFORM BUSINESS REPORT (UBR)

0018119

DOCUMENT # **A33535**

1. Entity Name

UNIVERSITY COMMONS-GAINESVILLE, LTD.

SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR 20 AM 9:47

3/27/00

Principal Place of Business

431 OFFICE PARK DRIVE
BIRMINGHAM AL 35223

Mailing Address

431 OFFICE PARK DRIVE
BIRMINGHAM AL 35223-2411



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

63-1076290

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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.

\$3,223,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

764,070

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 # **P34017**
NAME **CAPSTONE DEVELOPMENT CORP.**
STREET ADDRESS **600 LUCKIE DRIVE, SUITE 424**
CITY - ST - ZIP **BIRMINGHAM AL 35223**

STREET ADDRESS

CITY - ST - ZIP

000003192470--7

DOCUMENT #
NAME
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:

Robert J. [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/6/00
Date

(205) 414-6400
Daytime Phone #