

2000 UNIFORM BUSINESS REPORT (UBR)

0018119

DOCUMENT # A33535

1. Entity Name

UNIVERSITY COMMONS-GAINESVILLE, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR 20 AM 9:47

ny 3/27/00



DO NOT WRITE IN THIS SPACE

Principal Place of Business 431 OFFICE PARK DRIVE BIRMINGHAM AL 35223	Mailing Address 431 OFFICE PARK DRIVE BIRMINGHAM AL 35223-2411
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 63-1076290	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record. \$3,223,000.00	10. Amount of Capital Contributions in FLORIDA to date. 764070	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	P34017 CAPSTONE DEVELOPMENT CORP. 600 LUCKIE DRIVE, SUITE 424 BIRMINGHAM AL 35223
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13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY - ST - ZIP	000003192470--7
STREET ADDRESS	-04/03/00--01005--004
CITY - ST - ZIP	****526.25 ****526.25
STREET ADDRESS	ENTERED
CITY - ST - ZIP	MAR 15 2000
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: *X SIGNATURE REQUIRED* **3/6/00** **(205)414-6400**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #