

2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # A930000000008

1. Entity Name
HOMESTEAD APARTMENTS LIMITED

FILED
00 MAR 23 PM 3:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
**%GAINESVILLE REAL ESTATE MNGT. CO., INC.
2040 N.W. 67TH PLACE
GAINESVILLE FL 32653**

Mailing Address
**%GAINESVILLE REAL ESTATE MNGT. CO., INC.
2040 N.W. 67TH PLACE
GAINESVILLE FL 32653-1608**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip Country

City & State
Zip Country

4. FEI Number **59-3161286** Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**CRUTCHER, KEITH A
2040 N.W. 67TH PLACE
GAINESVILLE FL 32653**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. **\$1,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **0**

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	P98000065588 HOMESTEAD APARTMENTS MANAGEMENT, INC. 2040 N.W. 67TH PLACE GAINESVILLE FL 32653	STREET ADDRESS CITY - ST - ZIP	
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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** **Keith Crutcher** **3/16/00** **35237L4939**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/99)