

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A96000000811

1. Entity Name

CAMARGO CLUB APARTMENTS, LTD.

Principal Place of Business

C/O P.A.C. LAND DEVELOPMENT CORP.
730 BONNIE BRAE STREET
WINTER PARK FL 32789

Mailing Address

C/O THE WESTERN & SOUTHERN LIFE INS. CO.
400 BROADWAY
CINCINNATI OH 45202-3312

2. Principal Place of Business

Western & Southern Life Ins Co

3. Mailing Address

Co

Suite, Apt. #, etc.

400 Broadway

Suite, Apt. #, etc.

City & State

Cincinnati Oh 45202

City & State

Zip
45202

Country

Zip

Country

4. FEI Number

59-3373807

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SCOTT, WILLIAM G
2700 BARNETT PLAZA
101 EAST KENNEDY BOULEVARD
TAMPA FL 33602

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

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.

\$5,100,000.00

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

DOCUMENT # L96000000476
NAME WEST TOWN APARTMENTS, L.C.
STREET ADDRESS 400 BROADWAY
CITY - ST - ZIP CINCINNATI OH 45202

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY - ST - ZIP

300003283153--6
-06/09/00--01085--024
****526.25 ****526.25

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

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

Asst.V.P. of G.P.

4/20/2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E001 (6/99)