

2002 UNIFORM BUSINESS REPORT (UBR)

0016894 AT

DOCUMENT # A96000000811

1. Entity Name
CAMARGO CLUB APARTMENTS, LTD.

FILED
02 MAY -6 AM 10:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
WESTERN & SOUTHERN LIFE INS. CO.
400 BROADWAY
CINCINNATI OH 45202

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



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

DUE BY MAY 1, 2002

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 _____ **DATE** _____
Signature, typed or printed name of registered agent and title if applicable.

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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	L96000000476	STREET ADDRESS	
NAME	WEST TOWN APARTMENTS, L.C.	CITY-ST-ZIP	
STREET ADDRESS	400 BROADWAY		
CITY-ST-ZIP	CINCINNATI OH 45202		
DOCUMENT #		STREET ADDRESS	
NAME		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: _____ **Asst. V.P. of G.P.** 4/23/2002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

CR2E003 (9/01)