

# 2000 UNIFORM BUSINESS REPORT (UBR)

0012141 A1

DOCUMENT # **A96000001627**

1. Entity Name  
**BRIARWOOD APARTMENTS OF PC, LTD.**

**FILED**  
00 MAY -1 PM 12:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business      Mailing Address  
1002 WEST 23RD STREET, SUITE 400      1002 WEST 23RD STREET, SUITE 400  
PANAMA CITY FL 32405      PANAMA CITY FL 32405-3648



2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>59-3439594</b>		Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required		
Zip	Country	Zip	Country			

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
<b>HENRY, ROBERT F III</b> 1002 WEST 23RD STREET, SUITE 400 PANAMA CITY FL 32405				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. **\$99.00**      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 #	598978	STREET ADDRESS	<i>\$150.00</i>
NAME	ROYAL AMERICAN DEVELOPMENT, INC.	CITY - ST - ZIP	
STREET ADDRESS	1002 WEST 23RD STREET, SUITE 400		
CITY - ST - ZIP	PANAMA CITY FL 32405		
DOCUMENT #		STREET ADDRESS	4000003281824--3
NAME		CITY - ST - ZIP	-06/08/00--01073--001
STREET ADDRESS			***44346.07 ****150.00
CITY - ST - ZIP			
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NAME		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]*      DATE *2/28/00*      DAYTIME PHONE # *850 769-8981*

(66)6:100 =C