

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A96000002170

1. Entity Name
CORTEZ APARTMENTS, LTD.

FILED

00 MAY 15 PM 4: 20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
1416 CEDAR BAY LANE
SARASOTA FL 34231

Mailing Address
1416 CEDAR BAY LANE
SARASOTA FL 34231-3200

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number 65-0710159 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORTEZ APARTMENTS, INC.
1416 CEDAR BAY LANE
SARASOTA FL 34231

Name
INTRASTATE-REGISTERED AGENT CORPORATION

Street Address (P.O. Box Number is Not Acceptable)
1 Brickell Avenue, Suite 3000

City Miami FL Zip Code 33131

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 *Hugh E. McGuire, Jr.*

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions as Shown on record. \$5,000,000.00

10. Amount of Capital Contributions in FLORIDA to date. \$791,300.00

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 # P96000096043
NAME CORTEZ APARTMENTS, INC.
STREET ADDRESS 1416 CEDAR BAY LANE
CITY - ST - ZIP SARASOTA FL 34231

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:

John D. Macaskill
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4-21-00

941-924-3017

Date

Daytime Phone #