

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A97000001046**

1. Entity Name

ABR VILLAGE SQUARE APARTMENTS, LTD.

Principal Place of Business

**7110 TUDOR LANE
PORT RICHEY FL 34668**

Mailing Address

**4102 B QUIXOTE BLVD
TAMPA FL 33613**

2. Principal Place of Business

3. Mailing Address

6630 Rowan Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

New Port Richey, FL

Zip

Country

Zip

Country

34653

PASCO

4. FEI Number

59-3446181

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DUE BY MAY 1, 2002

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SALVATORI, LEO J

**4501 NORTH TAMiami TRAIL, SUITE 300
NAPLES FL 34103**

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.

DATE

9. Capital Contributions

\$691,200.00

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 #
NAME
STREET ADDRESS
CITY-ST-ZIP
**REED, ROBERT M II
4102-B QUIXOTE BOULEVARD
TAMPA FL 33613**

STREET ADDRESS

CITY-ST-ZIP

**6630 Rowan Road
New Port Richey, FL 34653**

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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

APPROVE
AND
FILED

02 APR 15 PM 12:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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AT

CR2E003 (9/01)