

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # A98000000765**

1. Entity Name  
**MARIANNA HALL APARTMENTS, LTD.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 JUN 26 PM 1:29



Principal Place of Business: 2967 ROSS CLARK CIRCLE, DOTHAN AL 36301

Mailing Address: P.O. DRAWER 6657, DOTHAN AL 36302-6657

2. Principal Place of Business: Suite, Apt. #, etc.

3. Mailing Address: Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number: 58-2382446  
**APPLIED FOR**

Applied For:  Not Applicable

5. Certificate of Status Desired:  \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

~~HATCHER, ANGELA~~  
1249 SEDGEFIELD ROAD  
TALLAHASSEE FL 32311

*1931 Buckfield Dr*

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: *Hall G. Taylor, Director of Operations* DATE: 6/15/00

Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record: \$1,043,000.00

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 #                      | HALL, GARY             |
| NAME                            | 2967 ROSS CLARK CIRCLE |
| STREET ADDRESS                  | DOTHAN AL 36301        |
| CITY - ST - ZIP                 |                        |
| DOCUMENT #                      |                        |
| NAME                            |                        |
| STREET ADDRESS                  |                        |
| CITY - ST - ZIP                 |                        |
| DOCUMENT #                      |                        |
| NAME                            |                        |
| STREET ADDRESS                  |                        |
| CITY - ST - ZIP                 |                        |
| DOCUMENT #                      |                        |
| NAME                            |                        |
| STREET ADDRESS                  |                        |
| CITY - ST - ZIP                 |                        |
| DOCUMENT #                      |                        |
| NAME                            |                        |
| STREET ADDRESS                  |                        |
| CITY - ST - ZIP                 |                        |

| 13. ADDRESS CHANGES ONLY |  |
|--------------------------|--|
| STREET ADDRESS           |  |
| CITY - ST - ZIP          |  |
| STREET ADDRESS           | 100003313711--7                                |
| CITY - ST - ZIP          | -07/05/00--01102--021<br>****526.25 ****526.25 |
| 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]* SIGNATURE REQUIRED

Date: 5/1/00 Daytime Phone #: 334-702-7855

UBR 1000

FORM 1000 (01/00)