

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A98000000817

1. Entity Name

ASHLEY CROSSINGS APARTMENT HOMES OF FLORIDA, LIM

FILED

00 APR -7 AM 10: 04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business 2320 S. THIRD STREET, SUITE 11 JACKSONVILLE BEACH FL 32250	Mailing Address 2320 S. THIRD STREET, SUITE 11 JACKSONVILLE BEACH FL 32250-4057
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 59-3516438	Applied For Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HARTMAN, CHARLES E 2320 S. THIRD STREET, SUITE 11 JACKSONVILLE BEACH FL 32250
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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. \$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
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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	P97000017569 MASON-PHILLIPS PROPERTIES OF FLORIDA IV, I 2320 S. THIRD STREET, SUITE 11 JACKSONVILLE BEACH FL 32250	STREET ADDRESS CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	F98000001478 TAMPA CLUB, INC. 630 WOODLAND AVENUE CHELTENHAM PA 19012	STREET ADDRESS CITY - ST - ZIP	600003216956--1 -04/20/00--01088--001 ****535.00 ****535.00
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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: ASHLEY CROSSINGS APARTMENT HOMES OF FLORIDA, LIM 3-20-00 904/270-1042
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #