

2001 UNIFORM BUSINESS REPORT (UBR)

0015755 AF

DOCUMENT # A98000000886

1. Entity Name
PROVIDENCE PLACE APARTMENTS LIMITED PARTNERSHIP

FILED

01 APR -2 PM 12:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**10202 ALTAVISTA AVENUE
TAMPA FL 33647**

Mailing Address
**C/O SETINEL REAL ESTATE CORPORATION
666 FIFTH AVENUE
NEW YORK NY 10103**



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

3. Mailing Address
**1251 Avenue of the Americas
36 Floor**

DO NOT WRITE IN THIS SPACE

City & State
New York, NY

Zip
10020

Country
USA

4. FEI Number
59-3503743

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. **\$99,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **99,000.00**

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 #	P98000030508	STREET ADDRESS	1251 Avenue of the Americas
NAME	PROVIDENCE PLACE APARTMENTS, INC.	CITY-ST-ZIP	New York, NY 10020
STREET ADDRESS	666 FIFTH AVENUE		
CITY-ST-ZIP	NEW YORK NY 10103		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	700003992697--0
STREET ADDRESS			04/11/01-01100-026
CITY-ST-ZIP			****526.25 ****526.25
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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

Providence Place Apartments, Inc.

SIGNATURE: **Ellyn Baron** **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER
Ellyn Baron, Assistant Secretary

Date **1/29/01** Daytime Phone # **212-408-5000**

CR2E003 (11/00)