

2002 UNIFORM BUSINESS REPORT (UBR)

0014240 AT

DOCUMENT # A98000000945

1. Entity Name

THE PLACE APARTMENTS, LTD.

FILED

02 MAY -1 PM 6:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

C/O CENTURY REALTY FUNDS, INC.
5015 SOUTH FLORIDA AVE., SUITE 200
LAKELAND FL 33813

Mailing Address

C/O CENTURY REALTY FUNDS, INC.
5015 SOUTH FLORIDA AVE., SUITE 200
LAKELAND FL 33813

2. Principal Place of Business

500 S. Florida Ave
Suite, Apt. #, etc.
#700

3. Mailing Address

PO Box 5252
Suite, Apt. #, etc.

City & State

Lakeland FL

City & State

Lakeland FL

Zip

33801

Country

USA

Zip

33807

Country

USA

DUE BY MAY 1, 2002

4. FEI Number 65-0829006

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

MAXWELL, LAWRENCE T
C/O CENTURY REALTY FUNDS, INC.
5015 SOUTH FLORIDA AVE., SUITE 200
LAKELAND FL 33813

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

500 S. Florida Ave

#700

City Lakeland **FL** **Zip** 33801

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 _____ **DATE** _____

Signature, typed or printed name of registered agent and title if applicable.

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

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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P29845	STREET ADDRESS	500 S. Florida Avenue, #700
NAME	A & M BUSINESS PROPERTIES, INC.	CITY-ST-ZIP	Lakeland, FL 33801
STREET ADDRESS	5015 SOUTH FLORIDA AVE., SUITE 200		
CITY-ST-ZIP	LAKELAND FL 33813		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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NAME		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: _____ **04/30/02**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date Daytime Phone #

CP2E003 (9/01)