

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A98000002435**

1. Entity Name

**AZALEA PLACE APARTMENTS, LIMITED**

**FILED**

**01 APR 19 PM 2:02**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

**322 BANYAN BLVD.  
WEST PALM BEACH FL 33401**

Mailing Address

**922 BANYAN BLVD.  
WEST PALM BEACH FL 33401**

2. Principal Place of Business

3. Mailing Address

**P.O. Box 4961**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**ORLANDO, FL**

Zip

Country

**32801**

**USA**

4. FEI Number

**65-0882803**

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

**RYAN, PAULA J  
322 BANYAN BLVD.  
WEST PALM BEACH FL 33401**

7. Name and Address of New Registered Agent

Name  
**B+C CORPORATE SERVICES OF CENTRAL FLORIDA, INC.**  
Street Address (P.O. Box Number is Not Acceptable)  
**390 N. ORANGE AVENUE**  
**SUITE 1100**  
City  
**ORLANDO** FL Zip Code  
**32801**

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 printed name of registered agent and typed acceptable* (NOTE: Registered Agent signature required when reinstating)

**3/27/01**

9. Capital Contributions  
as Shown on record.

**\$2,000.00**

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 # **P98000079840**  
NAME **WHITE OAK ASSOCIATES III, INC.**  
STREET ADDRESS **322 BANYAN BLVD.**  
CITY-ST-ZIP **WEST PALM BEACH FL 33401**

13. ADDRESS CHANGES ONLY

STREET ADDRESS  
CITY-ST-ZIP  
STREET ADDRESS  
CITY-ST-ZIP  
**200004064182-3**  
**-04/24/01--01080--013**  
**\*\*\*\*535.00 \*\*\*\*535.00**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**1/11/01**

Date

**561-838-8886**

Daytime Phone #

CR2E003 (11/00)