

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 MAR 29 AM 11:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

mf415



DO NOT WRITE IN THIS SPACE

DOCUMENT # A98000002809
 1. Entity Name
COLLEGE SQUARE APARTMENTS, LTD.

Principal Place of Business Mailing Address
 1 SOUTH "A" STREET 1 SOUTH "A" STREET
 PENSACOLA FL 32501 PENSACOLA FL 32501-7500

2. Principal Place of Business 3. Mailing Address
4400 Bayou Blvd. **P.O. Box 9469**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite 52-B

City & State City & State
PENSACOLA, FL. **PENSACOLA, FL.**
 Zip Country Zip Country
32503 **USA** **32513** **USA**

4. FEI Number Applied For
59-3298547 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
NAPIER, PHILIP A
1 SOUTH "A" STREET
PENSACOLA FL 32501

7. Name and Address of New Registered Agent
 Name **4400 Bayou Blvd.**
 Street Address (P.O. Box Number is Not Acceptable)
Suite 52-B
 City **PENSACOLA** FL Zip Code **32503**

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. \$95.00 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 # NAME STREET ADDRESS CITY - ST - ZIP	NAPIER, PHILIP A 1 SOUTH "A" STREET PENSACOLA FL 32501
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	
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DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS CITY - ST - ZIP	4400 Bayou Blvd, Suite 52-B PENSACOLA, FL. 32503
STREET ADDRESS CITY - ST - ZIP	
STREET ADDRESS CITY - ST - ZIP	900003204735--2 -04/11/00--01136--023 ***150.00 ***150.00
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** 03/23/00 850-857-1881
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/99)