

2001 UNIFORM BUSINESS REPORT (UBR)

0018006 AF

DOCUMENT # A98000002809

1. Entity Name
COLLEGE SQUARE APARTMENTS, LTD.

Principal Place of Business: **4400 BAYOU BLVD., STE. 52-B PENSACOLA FL 32503**

Mailing Address: **P.O. BOX 9469 PENSACOLA FL 32503**

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip

4. FEI Number: **59-3298547**
Applied For: Not Applicable:

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

6. Name and Address of Current Registered Agent
**NAPIER, PHILIP A
4400 BAYOU BLVD., STE. 52-B
PENSACOLA FL 32503**

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: **\$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		13. ADDRESS CHANGES ONLY	
DOCUMENT #		STREET ADDRESS	
NAME	NAPIER, PHILIP A	CITY-ST-ZIP	
STREET ADDRESS	4400 BAYOU BLVD., STE. 52-B		
CITY-ST-ZIP	PENSACOLA FL 32503		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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CITY-ST-ZIP			

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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: Philip Napier **REQUIRE SIGNATURE** **Philip Napier** **04-16-01** **850-857-1881**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)