

2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

02 APR -8 AM 11:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0008988
AT

DOCUMENT # **A98000002809**

1. Entity Name

COLLEGE SQUARE APARTMENTS, LTD.

Principal Place of Business

**4400 BAYOU BOULEVARD, SUITE 52-B
PENSACOLA FL 32503**

Mailing Address

**4400 BAYOU BOULEVARD, SUITE 52-B
PENSACOLA FL 32503**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3298547

Applied For

Not Applicable

DUE BY MAY 1, 2002

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NAPIER, PHILIP A
4400 BAYOU BOULEVARD, SUITE 52-B
PENSACOLA FL 32503**

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

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 #
NAME **NAPIER, PHILIP A**
STREET ADDRESS **4400 BAYOU BOULEVARD, SUITE 52-B**
CITY-ST-ZIP **PENSACOLA FL 32503**

STREET ADDRESS

CITY-ST-ZIP

~~200005257772 1~~
-04/12/02--01070--001
***150.00 ***150.00

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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:

Philip Napier
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

04/03/02

Date

850-857-1881

Daytime Phone #

CR2E003 (9/01)