

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A99000000392**

1. Entity Name

APARTMENT HOMES OF AMELIA, LTD.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 FEB 22 AM 10:20

Principal Place of Business  
50 NORTH LAURA STREET, SUITE 310  
JACKSONVILLE FL 32202

Mailing Address  
P.O. BOX 17833  
JACKSONVILLE FL 32245-7833



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
59-3561904

Applied For  
Not Applicable

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

BRANT, MOORE, MACDONALD & WELLS, P.A.  
50 NORTH LAURA STREET, SUITE 310  
JACKSONVILLE FL 32202

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions as Shown on record. **\$294,000.00**

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 # P98000071243  
NAME APARTMENT HOMES OF AMELIA, INC.  
STREET ADDRESS 1325 ATLANTIC AVENUE  
CITY - ST - ZIP FERNANDINA BEACH FL 32034

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

*mf 2/29/00*

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

200003156432--9  
-03/03/00--01057--027  
\*\*\*\*\*88.75 \*\*\*\*\*88.75

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NAME  
STREET ADDRESS  
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200003156432--9  
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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

President,

SIGNATURE:

**SIGNATURE REQUIRED**

Harry R. Trevett

1/25/2000

(904) 261-2235

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/99)