

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A99000000392**

1. Entity Name

**APARTMENT HOMES OF AMELIA, LTD.**

Principal Place of Business

**50 NORTH LAURA STREET, SUITE 310  
JACKSONVILLE FL 32202**

Mailing Address

**P.O. BOX 17833  
JACKSONVILLE FL 32246**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

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

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

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

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

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

**200004421502--6**

**-06/14/01--01131--025**

**\*\*\*\*526.25 \*\*\*\*526.25**

STREET ADDRESS

CITY-ST-ZIP

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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**Harry R. Trevet, President**

**4/15/01**

Date

**(904) 261-2235**

Daytime Phone #

**FILED**

**2001 MAY 11 AM 10:34**

**DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

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CR2E003 (11/00)