2000 UNIFORM BUSINESS REPORT (UBR)

A99000000750 DOCUMENT # 1. Entity Name FILED SECRETARY OF STATE DIVĬŠĨÓĤ ŎŦ COŘPOŘÁŤĨŌNS AMERA VILLAGE GREEN, LTD. 00 APR 28 AM 3: 05 Principal Place of Business Mailing Address 2900 UNIVERSITY DRIVE 2900 UNIVERSITY DRIVE **CORAL SPRINGS FL 33065** CORAL SPRINGS FL 33065-5083 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State City & State Not Applicable 65-0921345 Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name AMERA PROPERTIES, INC. Street Address (P.O. Box Number is Not Acceptable) 2900 UNIVERSITY DRIVE **CORAL SPRINGS FL 33065** Zip Code City 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) 11. MAKE CHECK PAYABLE TO DEPT. OF STATE 10. Amount of Capital Contributions 9. Capital Contributions \$7,500.00 \$7,500.00 SEE REVERSE SIDE FOR FEE INFORMATION as Shown on record. in FLORIDA to date. 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. ADDRESS CHANGES ONLY GENERAL PARTNER INFORMATION 12. 624912 DOCUMENT# STREET ADDRESS AMERA PROPERTIES, INC. NAME 2900 UNIVERSITY DRIVE STREET ADDRESS CITY-ST-ZIP **CORAL SPRINGS FL 33065** CITY-ST-ZIP DOCUMENT# 900003289279-STREET ADDRESS NAME STREET ADDRESS ****150.00 ****150.80 CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CTTY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT# STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CfTY-ST-7IP PYTCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY - ST - ZIP 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 exercise this report as required by Chapter 620, Florida Statutes