

2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0001026
AV

DOCUMENT # B00000000152

1. Entity Name

FLORIDA APARTMENT CLUB ST. AUGUSTINE LIMITED PARTNERSHIP

02 APR 19 PM 12:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

C/O DAYCO HOLDINGS CORPORATION
848 BRICKELL AVENUE
MIAMI FL 33131

Mailing Address

C/O DAYCO HOLDINGS CORPORATION
848 BRICKELL AVENUE
MIAMI FL 33131



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State

City & State

4. FEI Number

52-2242737

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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.

DATE

9. Capital Contributions
as Shown on record.

\$4,320,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

\$4,320,000

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 # P96000018098
NAME THE FLORIDA APARTMENT CLUB, INC.
STREET ADDRESS C/O DAYCO HOLDINGS CORPORATION
CITY-ST-ZIP MIAMI FL 33131

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

CR2E003 (9/01)

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/16/02

Date

Daytime Phone #