

# 2002 UNIFORM BUSINESS REPORT (UBR)

0002651 AB

**DOCUMENT # B93000000435**

1. Entity Name

**BAILEY-APOLLO CORNERSTONE APARTMENTS, LIMITED PARTNERSHIP**

FILED

02 JUL 30 AM 9:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business

Mailing Address

**CAPREIT**  
**11200 ROCKVILLE PIKE, SUITE 100**  
**ROCKVILLE MD 20852**

**CAPREIT**  
**11200 ROCKVILLE PIKE, SUITE 100**  
**ROCKVILLE MD 20852**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**DUE BY SEPTEMBER 25, 2002**

4. FEI Number **13-3736717**

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

**CSC NETWORKS**  
**1201 HAYS STREET**  
**SUITE 105**  
**TALLAHASSEE FL 32301**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

DATE

9. Capital Contributions  
as Shown on record.

**\$13,356,536.00**

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 # **F99000002465**  
NAME **CAPREIT OF CORNERSTONE, INC.**  
STREET ADDRESS **11200 ROCKVILLE PIKE, SUITE 100**  
CITY-ST-ZIP **ROCKVILLE MD 20852**

STREET ADDRESS

CITY-ST-ZIP

**8000006881608--3**

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STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

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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:**

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

7/10/02

Date

301-231-8700

Daytime Phone #

CR2E003 (4/02)