

2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # **B95000000388**

1. Entity Name

UNIVERSITY COMMONS-TALLAHASSEE, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR 20 AM 9:47
mf 3/27/00



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**431 OFFICE PARK DRIVE
BIRMINGHAM AL 35223**

Mailing Address
**431 OFFICE PARK DRIVE
BIRMINGHAM AL 35223-2411**

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 63-1156026	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/> \$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		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		DATE _____	
9. Capital Contributions as Shown on record. \$2,000,100.00	10. Amount of Capital Contributions in FLORIDA to date. 2,000,100	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 # NAME STREET ADDRESS CITY - ST - ZIP	P34017 CAPSTONE DEVELOPMENT CORP. 600 LUCKIE DRIVE, SUITE 424 BIRMINGHAM AL 35223	STREET ADDRESS	200003192472--1 04/03/00 01005 005 ***526.25 ***526.25
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ENTERED
MAR 15 2000

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: <i>Sgt. J. Howard</i>	3/6/00	(205) 414-6400
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>	<small>Date</small>	<small>Daytime Phone #</small>

CR2E003 (9/99)