

# 2001 UNIFORM BUSINESS REPORT (UBR)

0015906 AF

DOCUMENT # B96000000131

1. Entity Name

IG ASHFORD REGENCY PARTNERS, LIMITED PARTNERSHIP

FILED

01 MAR 15 AM 11:35

Principal Place of Business

10670 N. CENTRAL EXPRESSWAY, STE 600  
DALLAS TX 75231

Mailing Address

10670 N. CENTRAL EXPRESSWAY, STE 600 OF STATE  
DALLAS TX 75231 TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1800 Valley View Lane

Suite, Apt. #, etc.

3. Mailing Address

1800 Valley View Lane

Suite, Apt. #, etc.

City & State

Dallas, TX

City & State

Dallas, TX

4. FEI Number

13-3801027

Applied For

Not Applicable

Zip 75234

Country Dallas

Zip 75234

Country Dallas

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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.

\$990.00

10. Amount of Capital Contributions in FLORIDA to date.

\$990.00

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 # F98000002297  
NAME ART FLORIDA PARTERS I, INC.  
STREET ADDRESS 10670 N CENTRAL EXPRESSWAY, SUITE 600  
CITY-ST-ZIP DALLAS TX 75231

13. ADDRESS CHANGES ONLY

STREET ADDRESS 1800 Valley View  
CITY-ST-ZIP Dallas, TX 75234

DOCUMENT #  
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STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP  
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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:

Robert A. Waldman, Secretary  
ART FLORIDA PARTERS I, INC.  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2/27/01

469-522-4200  
Daytime Phone #

CR2E003 (11/00)