

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B98000000117

1. Entity Name

HSI CASSELBERRY, LP

Principal Place of Business

% DAVIS, MATTHEWS & QUIGLEY  
3400 PEACHTREE ROAD, SUITE 1400  
ATLANTA GA 30326

Mailing Address

4320 ROSWELL ROAD, N.E.  
ATLANTA GA 30342-3317

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

APPLIED FOR

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

WILDER, JAMES A  
MCCAIN & COMPANY  
SUITE 245, 151 SOUTH HALL LANE  
MAITLAND FL 32751

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.

\$7,500.00

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 # M97000000826  
NAME SOUTHERN PROPERTY INVESTORS, LLC  
STREET ADDRESS 4320 ROSWELL ROAD, N.E.  
CITY - ST - ZIP ATLANTA GA 30342

STREET ADDRESS

500003287045--8

CITY - ST - ZIP

-06/13/00 01054 004  
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00 MAY -5 PM 1:59  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

3/31/00