

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000004766

1. Entity Name

JACKSONVILLE APARTMENTS CORP.

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90104 016 ***158.75

819035



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
C/O FORTIS, INC. C/O FORTIS, INC.
ONE CHASE MANHATTAN PLAZA, 41ST FLOOR ONE CHASE MANHATTAN PLAZA, 41ST FLOOR
NEW YORK NY 10005 NEW YORK NY 10005-1401

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

13-3868664

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

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

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 *James J. Brinkerhoff*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME FREEDMAN, ALLEN R
STREET ADDRESS ONE CHASE MANHATTAN PLAZA, 41ST FLOOR
CITY-ST-ZIP NEW YORK NY 10005

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME CLAYTON, KERRY
STREET ADDRESS ONE CHASE MANHATTAN PLAZA, 41ST FLOOR
CITY-ST-ZIP NEW YORK NY 10005

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP ☒ Delete
NAME TEEL, NORCROSS JR.
STREET ADDRESS ONE CHASE MANHATTAN PLAZA, 41ST FLOOR
CITY-ST-ZIP NEW YORK NY 10005

TITLE VP ☐ Change ☐ Addition
NAME William R. Bintzer
STREET ADDRESS One Chase Manhattan Plaza
CITY-ST-ZIP New York, NY 10005

TITLE P ☐ Delete
NAME BRINKERHOFF, JAMES J
STREET ADDRESS ONE CHASE MANHATTAN PLAZA, 41ST FLOOR
CITY-ST-ZIP NEW YORK NY 10005

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S ☐ Delete
NAME SHEEHAN, JOHN F
STREET ADDRESS ONE CHASE MANHATTAN PLAZA, 41ST FLOOR
CITY-ST-ZIP NEW YORK NY 10005

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE AST ☐ Delete
NAME HEGE, BARBARA
STREET ADDRESS ONE CHASE MANHATTAN PLAZA, 41ST FLOOR
CITY-ST-ZIP NEW YORK NY 10005

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

James J. Brinkerhoff
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)