

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000004766

1. Entity Name

JACKSONVILLE APARTMENTS CORP.

Principal Place of Business

C/O FORTIS, INC.
ONE CHASE MANHATTAN PLAZA, 41ST FLOOR
NEW YORK NY 10005

Mailing Address

C/O FORTIS, INC.
ONE CHASE MANHATTAN PLAZA, 41ST FLOOR
NEW YORK NY 10005

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

13-3868664

Applied For

Not Applicable

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

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. 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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. 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 NAME STREET ADDRESS CITY-ST-ZIP	D FREEDMAN, ALLEN R ONE CHASE MANHATTAN PLAZA, 41ST FLOOR NEW YORK NY 10005	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR ROBERT POLLACK (SAME TO ADDRESS)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLAYTON, KERRY ONE CHASE MANHATTAN PLAZA, 41ST FLOOR NEW YORK NY 10005	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BINTER, WILLIAM R ONE CHASE MANHATTAN PLAZA NEW YORK NY 10005	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BRINKERHOFF, JAMES J ONE CHASE MANHATTAN PLAZA, 41ST FLOOR NEW YORK NY 10005	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SHEEHAN, JOHN F ONE CHASE MANHATTAN PLAZA, 41ST FLOOR NEW YORK NY 10005	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AST HEGE, BARBARA ONE CHASE MANHATTAN PLAZA, 41ST FLOOR NEW YORK NY 10005	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-201

212
859-7000

Date

Daytime Phone #

044149

FILED
Mar 26, 2001 8:00 am
Secretary of State

03-26-2001 90151 029 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)