

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2002 8:00 am
Secretary of State

04-07-2002 90075 001 ***150.00

080-302 AT

DOCUMENT # F97000006307

1. Entity Name

FLORIDA APARTMENT HOLDINGS, INC.

Principal Place of Business

**813 NORTHSHORE DR. SUITE 201
 KNOXVILLE TN 37919**

Mailing Address

**813 NORTHSHORE DR. SUITE 201
 KNOXVILLE TN 37919**

B0059850



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

62-1719269

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**REINSCH, MARK A
 200 W. FORSYTH ST, SUITE 1400
 JACKSONVILLE FL 32202**

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. 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, 2002 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

TITLE	CP	<input type="checkbox"/> Delete
NAME	REED, JOSEPH W	
STREET ADDRESS	813 NORTHSHORE DR, SUITE 201	
CITY-ST-ZIP	KNOXVILLE TN 37919	
TITLE	VCS	<input type="checkbox"/> Delete
NAME	HIGGINS, R. GARY	
STREET ADDRESS	813 NORTHSHORE DR, SUITE 201	
CITY-ST-ZIP	KNOXVILLE TN 37919	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILLINGHAM, RICHARD B	
STREET ADDRESS	3091 MAPLE DRIVE, N.E., STE. 101	
CITY-ST-ZIP	ATLANTA GA 30305-2611	
TITLE	D	<input type="checkbox"/> Delete
NAME	THIGPEN, CARL S	
STREET ADDRESS	8030 GREYSTONE GREEN	
CITY-ST-ZIP	BIRMINGHAM AL 35242	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE REQUIRED

Joseph W. Reed

3/25/02

865-584-2300, x 21

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)