

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # F99000005357**

1. Entity Name

**T-OAKS APARTMENTS, INC.****FILED**  
**May 24, 2000 8:00 am**  
**Secretary of State**

05-24-2000 90472 001 \*\*\*400.00

05-24-2000 90472 002 \*\*\*150.00

Principal Place of Business

Mailing Address

**600 PEACHTREE STREET N.E., 3RD FLOOR  
ATLANTA GA 30308 -2214****600 PEACHTREE STREET N.E., 3RD FLOOR  
ATLANTA GA 30308 -2214****17036**

DO NOT WRITE IN THIS SPACE

**NC1-021-03-09  
401 N TRYON ST  
CHARLOTTE NC 28255****NC1-021-03-09  
401 N TRYON ST  
CHARLOTTE NC 28255**

City &amp; State

City &amp; State

4. FEI Number

**58-2273738**

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

**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. 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 NAME STREET ADDRESS CITY-ST-ZIP.	<b>P</b> <b>BROWN, JOSEPH</b> <b>600 PEACHTREE STREET N.E., 3RD FLOOR</b> <b>ATLANTA GA 30308</b> <input checked="" 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	<b>VAS</b> <b>GRAULEY, JAMES S</b> <b>600 PEACHTREE STREET N.E., 3RD FLOOR</b> <b>ATLANTA GA 30308</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President &amp; Director</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VAS</b> <b>LITTLE, WILLIAM F</b> <b>701 BRICKELL AVENUE</b> <b>MIAMI FL 33131</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>231 S. LaSalle St., 8th Floor</b> <b>Chicago, IL 60604</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VT</b> <b>KEENAN, LAURA A</b> <b>600 PEACHTREE STREET N.E., 3RD FLOOR</b> <b>ATLANTA GA 30308</b> <input checked="" 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	<b>S</b> <b>LUCAS, MARY-ANN</b> <b>100 NORTH TRYON STREET</b> <b>CHARLOTTE NC 28255-0001</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>100 North Tryon Street, 23rd Floor</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS</b> <b>LINN, SARAH A</b> <b>101 SOUTH TRYON STREET</b> <b>CHARLOTTE NC 28255-0001</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>101 South Tryon Street, 29th Floor</b> <input checked="" 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.

**T-Oaks Apartments, Inc.****SIGNATURE:****Sarah A. Linn**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Sarah A. Linn, Assistant Secretary**

4/7/2000

Date

704/386-9646

Daytime Phone #

CR2E034 (9/99)