

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F99000005357

FILED  
Jan 07, 2003  
Secretary of State

Entity Name: T-OAKS APARTMENTS, INC.

## Current Principal Place of Business:

600 PEACHTREE ST NE 3RD FLOOR  
ATLANTA, GA 30308 US

## New Principal Place of Business:

## Current Mailing Address:

401 N TRYON ST  
NC1-021-02-20  
CHARLOTTE, NC 28255

## New Mailing Address:

FEI Number: 58-2273738

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: ROOP, BRIAN L  
Address: 401 N TRYON ST NC1-021-02-20  
City-St-Zip: CHARLOTTE, NC 28255

Title: SVP ( ) Delete  
Name: MROZ, GREG S  
Address: 401 N TRYON ST NC1-021-02-20  
City-St-Zip: CHARLOTTE, NC 28255

Title: T ( ) Delete  
Name: MAYES, SUSAN D  
Address: 401 N TRYON ST NC1-021-02-20  
City-St-Zip: CHARLOTTE, NC 28255

Title: S ( ) Delete  
Name: LUCAS, MARY-ANN  
Address: 401 N TRYON ST NC1-021-02-20  
City-St-Zip: CHARLOTTE, NC 28255

Title: D ( ) Delete  
Name: PITCHFORD, J MICHAEL  
Address: 401 N TRYON ST NC1-021-02-20  
City-St-Zip: CHARLOTTE, NC 28255 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GREG S MROZ

SVP

01/07/2003

Electronic Signature of Signing Officer or Director

Date