

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 13, 2000 8:00 am**  
**Secretary of State**

09-13-2000 90017 031 \*\*\*\*61.25

**DOCUMENT # F99000005597**

1. Entity Name

**BRIDGEWATER PLACE APARTMENTS, INC.**

*f*

Principal Place of Business

Mailing Address

C/O INVESCO REALTY ADVISORS, INC.  
 5400 LBJ FREEWAY, LB 2, SUITE 700  
 DALLAS TX 75240

C/O INVESCO REALTY ADVISORS, INC.  
 5400 LBJ FREEWAY, LB 2, SUITE 700  
 DALLAS TX 75240

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

*75-2850755*

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPDIRECT AGENTS**  
 103 NORTH MERIDIAN STREET, LOWER LEVEL  
 TALLAHASSEE FL 32301

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

**FILE NOW: FEE IS \$61.25**  
**After September 13, 2000 min. will be \$236.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>RIDLEY, DAVID R</b>	
STREET ADDRESS	<b>5400 LBJ FREEWY, LB 2, SUITE 700</b>	
CITY-ST-ZIP	<b>DALLAS TX 75240</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>FARMER, DAVID N</b>	
STREET ADDRESS	<b>5400 LBJ FREEWY, LB 2, SUITE 700</b>	
CITY-ST-ZIP	<b>DALLAS TX 75240</b>	
TITLE	<b>AS</b>	<input type="checkbox"/> Delete
NAME	<b>RAGSDALE, RONALD L</b>	
STREET ADDRESS	<b>5400 LBJ FREEWY, LB 2, SUITE 700</b>	
CITY-ST-ZIP	<b>DALLAS TX 75240</b>	
TITLE	<b>VAS</b>	<input type="checkbox"/> Delete
NAME	<b>KIRBY, MICHAEL</b>	
STREET ADDRESS	<b>5400 LBJ FREEWY, LB 2, SUITE 700</b>	
CITY-ST-ZIP	<b>DALLAS TX 75240</b>	
TITLE	<b>VAS</b>	<input type="checkbox"/> Delete
NAME	<b>BOIKO, TERRELL</b>	
STREET ADDRESS	<b>5400 LBJ FREEWY, LB 2, SUITE 700</b>	
CITY-ST-ZIP	<b>DALLAS TX 75240</b>	
TITLE	<b>VAS</b>	<input type="checkbox"/> Delete
NAME	<b>JOHNSON, KEVIN</b>	
STREET ADDRESS	<b>5400 LBJ FREEWY, LB 2, SUITE 700</b>	
CITY-ST-ZIP	<b>DALLAS TX 75240</b>	

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Signature]*

**SIGNATURE REQUIRED**

**Dorothy R. Jenkins**  
**Treasurer**

*9/16/00*

Date

*(972) 715-7400*

Daytime Phone #

CP2E037 (5/00)