2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L9700001133 1. Entity Name UNIVERSITY CLUB APARTMENTS OF CHARLOTTE, L.C.				FILED	
				00 JAN 21 PF	1 3: 58-
Principal Place of Business 1713 MAHAN DRIVE, SUITE C TALLAHASSEE FL 32308		Mailing Address 1713 MAHAN DRIVE, SUITE C TALLAHASSEE FL 32308-5201		SECRETARY OF TALLAHASSEE.	STATE FLORIDA
TALLATINOGEL	112 02000	TALLAIMOOLL IL OLOO	oro:		
2. Principal Place of Business		3. Mailing Address			88141 88481 14881 14888 11188 11111 1188
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN 1	HIS SPACE
City & State		City & State		4. FEI Number 59-3481474	Applied For Not Applied to
Zip	Country	Zip ,	Country	5. Certificate of Status Desired	\$5.00 Additional Fee Required
-	6. Name and Address of Current	Registered Agent	Name	7. Name and Address of New Registe	red Agent
227 SOUT	r, m. Julian Jr Th Calhoun Street Ssee Fl 32308		Street Address City	s (P.O. Box Number is Not Acceptable)	FL Zip Code
8. The above	named entity submits this statement for statement for signature, typed or printed name of registered agent	and title if applicable. (NOT	e registered office or register. E: Registered Agent signature requir. OW!!! FEE IS \$50.00	<u> </u>	ATE .
		Make Check Pa	ayable to Department	of State	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEME MGR PROCTOR, THOMAS C 1713 MAHAN DRIVE, SUITE C TALLAHASSEE FL 32308	BERS/MEMBERS	10. TITLE NAME STREET ADDRESS CHTY-ST-ZIP	ADDITIONS/CHAN	GES Addition
TITLE MAME STREET ADDRESS CITY-ST-ZIP	TALLAHASSEE FE 32300	☐ Oeleta	TITLE NAME STREET ADDRESS CITY-ST-ZIP)01006025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	مستقداء المرابعية أفعم الاستثار ويتناه المستعادي	Delecto	TITLE NAME STREET ADDRESS CITY-87-ZIP	*****50.	
TITLE MARKE STREET ACORESS CITY-ST-ZIP	11	☐ Deteto	TITLE NAME STREET ADDRESS CITY-ST-23P	4	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS GITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition
TITLE NAME STREET ACCRESS		C Ocieta	TITLE NAME STREET ADDRESS		Change Addition
indicated	certify that the information supplied wit on this report is true and accurate and bility company or the receiver or truste	I that my signature shall have	the same legal effect as if	Section 119.07(3)(i), Florida Statutes. I furthe made under oath; that I am a managing mopter 608, Florida Statutes.	er certify that the information ember or manager of the