

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000001989

1. Entity Name

MOBLEY PARK APARTMENTS, L.C.

FILED

01 JUN 20 PM 12:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

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

Mailing Address

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

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

59-3534413

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 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

CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION FL 33324

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 \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE PRESIDENT
NAME Vacant
STREET ADDRESS NC1-021-02-20
CITY - ST - ZIP 401 N TRYON ST
CHARLOTTE NC 28255 ☐ Delete

TITLE SVP
NAME GREG S. MROZ
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE SECRETARY
NAME NINA TAI
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE TREASURER
NAME JAMES C. ROBERTS
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE MANAGING MEMBER
NAME BANC OF AMERICA COMMUNITY
STREET ADDRESS DEVELOPMENT CORPORATION
CITY - ST - ZIP ☐ Delete

TITLE MEMBER
NAME HOUSING BY ST. LAURENCE, INC
STREET ADDRESS MD NAT'L CDC
CITY - ST - ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE
NAME 600004451386
STREET ADDRESS -06/29/01--01026--018
CITY - ST - ZIP *****50.00 *****50.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Greg S Mroz

GREG S MROZ, SVP

6-4-01

7043861190

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date

Daytime Phone #