

# 2001 UNIFORM BUSINESS REPORT (UBR)

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**DOCUMENT # M96000000303**

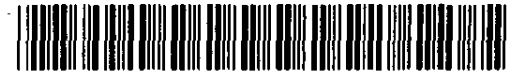
1. Entity Name

**UNIVERSITY BOULEVARD APARTMENTS, LLC**

FILED

01 MAR 16 PM 3:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

633A - 19TH STREET  
COLUMBUS GA 31901

Mailing Address

633A - 19TH STREET  
COLUMBUS GA 31901

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**NOT APPLICABLE**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$5.00** 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

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS/CHANGES

TITLE: **MGRM**  Delete  
NAME: **BASSETT, WILBUR B JR.**  
STREET ADDRESS: **633A - 19TH STREET**  
CITY-ST-ZIP: **COLUMBUS GA 31901**

Change  Addition  
**800003924498--5**  
**-03/28/01--01097--016**  
**\*\*\*\*100.00 \*\*\*\*50.00**

TITLE: **MGRM**  Delete  
NAME: **BASSETT, CAROL**  
STREET ADDRESS: **633A - 19TH STREET**  
CITY-ST-ZIP: **COLUMBUS GA 31901**

Change  Addition  
**32**

TITLE:  Delete  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

Change  Addition

TITLE:  Delete  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

Change  Addition

TITLE:  Delete  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

Change  Addition

TITLE:  Delete  
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:

**SIGNATURE REQUIRED** **Wilbur B. Bassett Jr.** 706-660-0814

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

Date **3-12-01** Daytime Phone #

CR2E083 (11/00)