

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N41388

1. Entity Name

CAPITAL CITY APARTMENT ASSOCIATION, INC.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90791 040 ****61.25

Principal Place of Business

Mailing Address

431 WAVERLY RD.
TALLAHASSEE FL 32312

431 WAVERLY RD.
TALLAHASSEE FL 32312-2856

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3040056

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ISAACS, DAN LEE
431 WAVERLY RD.
TALLAHASSEE FL 32312

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

4/29/2000

FILE NOW:
FEE IS \$61.25

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
NAME
STREET ADDRESS
CITY-ST-ZIP
EVP
ISAACS, DAN LEE
431 WAVERLY RD.
TALLAHASSEE FL 32312 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVP
ROBINSON, RIDGE
1801 N MERIDIAN STE C
TALLAHASSEE FL ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P D
Nell Woodward
900 Center Pointe Blvd Office
Tallahassee FL 32308 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPD
AGNER, SHERRY
431 RICHVIEW CR.
TALLAHASSEE FL ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V B D
Renee Harris
446 Conradi Street A-103
Tallahassee FL 32304 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
CHERRY, GARY
9036 MURIFIELD
TALLAHASSEE FL ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
HOLTON, BARBARA
2902-A BOTTLE MOUNTAIN WAY
TALLAHASSEE FL 32301 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP D
Michael Boon
233 Office Bldg
Tall FL 32301 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
MASTEN, JULIE
275 JOHN KNOX RD
TALLAHASSEE FL ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
Brandon Miller
1390 Ocala Drive
Tall FL 32308 ☐ Change ☐ Addition

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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/29/2000 (800) 531-0627

CR2E037 (9/99)