

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 26, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # N41388****1. Entity Name**  
CAPITAL CITY APARTMENT ASSOCIATION, INC.

<b>Principal Place of Business</b>	<b>Mailing Address</b>
431 WAVERLY RD.	431 WAVERLY RD.
TALLAHASSEE FL 32312	TALLAHASSEE FL 32312

**2. Principal Place of Business**      **3. Mailing Address**

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City &amp; State      City &amp; State

Zip      Country      Zip      Country

**4. FEI Number**  
**59-3040056**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**ISAACS, DAN LEE  
431 WAVERLY RD.

TALLAHASSEE FL 32312 US

**7. Name and Address of New Registered Agent**Name  
ISAACS DAN L  
Street Address (P.O. Box Number is Not Acceptable)  
431 WAVERLY RD.City  
TALLAHASSEE FL Zip Code  
32312**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 DAN LEE ISAACS****04/26/2001**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE

**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**

<b>TITLE</b>	<b>TD</b> <input type="checkbox"/> Delete
<b>NAME</b>	MILLER BRANDON
<b>STREET ADDRESS</b>	1380 OCALA DRIVE
<b>CITY-ST-ZIP</b>	TALLAHASSEE FL 32303
<b>TITLE</b>	<b>VD</b> <input type="checkbox"/> Delete
<b>NAME</b>	BOONE MICHAEL
<b>STREET ADDRESS</b>	233 OFFICE PLAZA
<b>CITY-ST-ZIP</b>	TALLAHASSEE FL 32301
<b>TITLE</b>	<b>DP</b> <input type="checkbox"/> Delete
<b>NAME</b>	CHERRY GARY
<b>STREET ADDRESS</b>	9036 MURIFIELD
<b>CITY-ST-ZIP</b>	TALLAHASSEE FL
<b>TITLE</b>	<b>VPD</b> <input type="checkbox"/> Delete
<b>NAME</b>	HARRIS RENEE
<b>STREET ADDRESS</b>	446 CONRADI STE A-103
<b>CITY-ST-ZIP</b>	TALLAHASSEE FL 32304
<b>TITLE</b>	<b>PD</b> <input type="checkbox"/> Delete
<b>NAME</b>	WOODWARD MELL
<b>STREET ADDRESS</b>	1900 CENTER POINTE BLVD OFFICE
<b>CITY-ST-ZIP</b>	TALLAHASSEE FL 32308
<b>TITLE</b>	<b>EVP</b> <input type="checkbox"/> Delete
<b>NAME</b>	ISAACS DAN LEE
<b>STREET ADDRESS</b>	431 WAVERLY RD.
<b>CITY-ST-ZIP</b>	TALLAHASSEE FL 32312

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

<b>TITLE</b>	<b>DVP</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	MILLER BRANDON
<b>STREET ADDRESS</b>	1801 N. MERIDIAN ROAD STE C
<b>CITY-ST-ZIP</b>	TALLAHASSEE FL 32303
<b>TITLE</b>	<b>DVP</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	BOONE MICHAEL
<b>STREET ADDRESS</b>	233 OFFICE PLAZA
<b>CITY-ST-ZIP</b>	TALLAHASSEE FL 32301
<b>TITLE</b>	<b>DT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	DARDEN PATRICK
<b>STREET ADDRESS</b>	233 OFFICE PLAZA
<b>CITY-ST-ZIP</b>	TALLAHASSEE FL 32301
<b>TITLE</b>	<b>DP</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	HARRIS RENEE
<b>STREET ADDRESS</b>	446 CONRADI STE A-103
<b>CITY-ST-ZIP</b>	TALLAHASSEE FL 32304
<b>TITLE</b>	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	WOODWARD MELL
<b>STREET ADDRESS</b>	1900 CENTER POINTE BLVD OFFICE
<b>CITY-ST-ZIP</b>	TALLAHASSEE FL 32308
<b>TITLE</b>	<b>EVP</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	ISAACS DAN L
<b>STREET ADDRESS</b>	431 WAVERLY RD.
<b>CITY-ST-ZIP</b>	TALLAHASSEE FL 32312

**12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**

Dan Lee Isaacs

EVP

04/26/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Two-line Phone #

CR2E037 (11/00)

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**LINDA HUTCHISON, DIRECTOR**  
**233 OFFICE PLAZA**

**TALLAHASSEE, FLORIDA 32301**

**KELLY RICHARDS, DIRECTOR**  
**150 JOHN KNOX ROAD**

**TALLAHASSEE, FLORIDA 32303**

**ANNETTE HOBKIRK, DIRECTOR**  
**2913 HIGH ROAD**

**TALLAHASSEE, FLORIDA 32310**

**JEFF TROSTLE, DIRECTOR**  
**4009 UNIT 2, N.W. PASSAGE**

**TALLAHASSEE, FLORIDA 32303**

**KAY EDWARDS, DIRECTOR**  
**1327 HIGH ROAD**

**TALLAHASSEE, FLORIDA 32304**

**SONJA LANDAVERDE, DIRECTOR & SECRETARY**  
**2855 APALACHEE PARKWAY**

**TALLAHASSEE, FLORIDA 32301**