2001: UNIFORM BUSINESS REPORT (UBR)

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DOCU 1. Entity Nam	MENT # N98000	001347				•		
SANFORD GREEN APARTMENTS, INC.					FILED			
Principal Place of Business Mailing Address					OI APR -2 PM 2: 20			
C/O NATIONAL CHURCH RESIDENCES 2335 NORTH BANK DRIVE COLUMBUS OH 43220		C/O NATIONAL CHURCH RESIDENCES 2335 NORTH BANK DRIVE COLUMBUS OH 43220			SECRETARYOR STATE TAGLAHASSEE, FEORIDA			
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State		City & State		4	. FEI Number	31-1589099		Applied For
Zip	Country	Zip	Country	5	. Certificate of	Status Desired	\$8.75 Ac	dditional
	6. Name and Address of Current F	Registered Agent	- 4X	7.	. Name and Ac	dress of New Regist	<u> </u>	
~~~~~~			Name	~~~~~		ASSESSED TO THE RESIDENCE OF THE PARTY OF TH		
	RPORATION SERVICE COMPANY 11 HAYS STREET		Street A	Street Address (P.O. Box Number is Not Acceptable)				
TAL	LAHASSEE FL 32301	·		,				
		•	City				FL Zip Co	de
8. The above	named entity submits this statement for	the purpose of changing its re	egistered office o	r registered :	agent, or both, i	in the state of Florida.		
SIGNATURE.	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE: F	Registered Agent signa	ture required whe	en reinstating)		DATE	<del></del>
SIGNATURE .	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE: F	Registered Agent signa	ture required whe	en reinstating)		DATE	:
SIGNATURE .	Signature, typed or printed name of registered agent a  FILE NOW: FEE IS \$61.25	9. Election Campaign F Trust Fund Contribut	inancing	ture required when \$5.00 M Added to	May Be	Make Ch	eck Payable t	
	FILE NOW: FEE IS \$61.25	9. Election Campaign F Trust Fund Contribut	inancing	<b>\$5.00</b> MAdded to	May Be Fees	Make Ch	eck Payable t ment of State	
SIGNATURE .	FILE NOW:	9. Election Campaign F Trust Fund Contribut	inancing ion.	<b>\$5.00</b> MAdded to	May Be Fees	Make Ch Departi	eck Payable t ment of State	N 10
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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:

GNATURE AND TIPED OR PRINTED NAME OF SIGNING OPECER OR DIRECTOR

JOSEPH R. KASBERG

02/06/01

Date

(614)451-2151

Daytime Phone #

CR2E037 (10/00)