

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000106397

1. Entity Name

American Apartment Communities Keys Holding, Inc.

Principal Place of Business

Mailing Address

2. Principal Place of Business

1177 S.E. 3rd Avenue

Suite, Apt. #, etc.

3. Mailing Address

1177 S.E. 3rd Avenue

Suite, Apt. #, etc.

City & State

Fort Lauderdale, FL

City & State

Fort Lauderdale, FL

4. FEI Number

65-0802383

Applied For

Not Applicable

Zip

33316

Country

US

Zip

33316

Country

US

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

844073

6. Name and Address of Current Registered Agent

Wachs, Jeffrey S.
1177 S.E. 3rd Avenue
Fort Lauderdale, FL 33316

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

9. This corporation is eligible to satisfy its intangible

Tax filing requirement and elects to do so.

(See criteria on back)



FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

11.

OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	Callard, James H.	21 W. Broad St., 11th Floor	Columbus, OH 43215	<input type="checkbox"/>
VPSD	Nickerson, George R.	21 W. Broad St., 11th Floor	Columbus, OH 43215	<input type="checkbox"/>
VPTD	Schechter, Richard A.	2439 Appaloosa Trail	Wellington, FL 33414	<input type="checkbox"/>
VPD	Mead, Sheila	2439 Appaloosa Trail	Wellington, FL 33414	<input type="checkbox"/>
D	Klingbeil-Weis, Kristen	21 W. Broad St., 11th Floor	Columbus, OH 43215	<input type="checkbox"/>
AT	Montgomery, Paul	501 Darby Creek Road, Suite 11	Lexington, KY 40509	<input type="checkbox"/>

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Paul Montgomery
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

859-263-4000

Daytime Phone #

CR2E034 (9/99)