

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000106397

1. Entity Name

AMERICAN APARTMENT COMMUNITIES KEYS HOLDING, INC.

**FILED**  
**May 16, 2001 8:00 am**  
**Secretary of State**

05-16-2001 90179 023 \*\*\*150.00

Principal Place of Business

1177 SE 3RD AVE  
FORT LAUDERDALE FL 33316  
US

Mailing Address

1177 SE 3RD AVE  
FORT LAUDERDALE FL 33316  
US

80056928



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

American Apt. Communities

Suite, Apt. #, etc.

501 Darby Creek Road #11

City & State

Lexington, KY

Zip

40509

Country

4. FEI Number 65-0802383

Applied For

Not Applicable

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

WACHS, JEFFREY S  
1177 SE 3RD AVENUE  
FORT LAUDERDALE FL 33316

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete  
NAME CALLARD, JAMES H  
STREET ADDRESS 21 W BROAD ST, 11TH FL  
CITY-ST-ZIP COLUMBUS OH 43215

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

TITLE VPSD ☐ Delete  
NAME NICKERSON, GEORGE R  
STREET ADDRESS 21 W BROAD ST, 11TH FL  
CITY-ST-ZIP COLUMBUS OH 43215

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

TITLE VPTD ☐ Delete  
NAME SCHECHTER, RICHARD A  
STREET ADDRESS 2439 APPALOOSA TRAIL  
CITY-ST-ZIP WELLINGTON FL 33414

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

TITLE VPD ☐ Delete  
NAME MEAD, SHEILA  
STREET ADDRESS 2439 APPALOOSA TRAIL  
CITY-ST-ZIP WELLINGTON FL 33414

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

TITLE D ☐ Delete  
NAME KLINGBEIL-WEIS, KRISTEN  
STREET ADDRESS 21 W BROAD STREET, 11TH FLOOR  
CITY-ST-ZIP COLUMBUS OH 43215

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

TITLE AT ☐ Delete  
NAME MONTGOMERY, PAUL  
STREET ADDRESS 501 DARBY CREEK RD STE 11  
CITY-ST-ZIP LEXINGTON KY 40509

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

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

Y 4-30-01  
Date

859-263-4000  
Daytime Phone #

CR2E034 (10/00)