

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2000 8:00 am
Secretary of State

05-11-2000 90314 040 ***150.00

DOCUMENT # P98000011676

1. Entity Name

AMERICAN APARTMENT COMMUNITIES REGENCY, INC.

Principal Place of Business

1177 SE 3RD AVENUE
 FORT LAUDERDALE FL 33316

Mailing Address

1177 SE 3RD AVENUE
 FORT LAUDERDALE FL 33316-1109

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0810075

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

WACHS, JEFFREY S
1177 SE 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	PD	<input type="checkbox"/> Delete
NAME	CALLARD, JAMES H	
STREET ADDRESS	21 W BROAD ST 1 FLOOR	
CITY-ST-ZIP	COLUMBUS OH 43215	
TITLE	VPSD	<input type="checkbox"/> Delete
NAME	NICKERSON, GEORGE R	
STREET ADDRESS	21 W BROAD ST 1 FLOOR	
CITY-ST-ZIP	COLUMBUS OH 43215	
TITLE	VPTD	<input type="checkbox"/> Delete
NAME	SCHECHTER, RICHARD A	
STREET ADDRESS	2439 APPALOOSA TRAIL	
CITY-ST-ZIP	WELLINGTON FL 33414	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	MEAD, SHEILA	
STREET ADDRESS	2439 APPALOOSA TRAIL	
CITY-ST-ZIP	WELLINGTON FL 33414	
TITLE	D	<input type="checkbox"/> Delete
NAME	KLINGBEIL-WEIS, KRISTEN	
STREET ADDRESS	21 W BROAD ST 1 FLOOR	
CITY-ST-ZIP	COLUMBUS OH 43215	
TITLE	AT	<input type="checkbox"/> Delete
NAME	MONTGOMERY, PAUL	
STREET ADDRESS	501 DERBY CREEK RD STE 11	
CITY-ST-ZIP	LEXINGTON KY 40509	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-00

Date

859-263-4000

Daytime Phone #