## 2000 UNIFORM BUSINESS REPORT (UBR)

## May 11, 2000 8:00 am Secretary of State DOCUMENT # **P98000011676** 1. Entity Name AMERICAN APARTMENT COMMUNITIES REGENCY, INC. 05-11-2000 90314 040 \*\*\*150.00 Principal Place of Business Mailing Address 1177 SE 3RD AVENUE 1177 SE 3RD AVENUE FORT LAUDERDALE FL 33316-1109 FORT LAUDERDALE FL 33316 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0810075 Not Applicable Zip Zip Country **\$8.75** Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name WACHS, JEFFREY S Street Address (P.O. Box Number is Not Acceptable) 1177 SE 3RD AVENUE FORT LAUDERDALE FL 33316 Zip Code City FL 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. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) $\Box X$ Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change Addition ☐ Delete TITI F CALLARD, JAMES H NAME STREET ADDRESS STREET ADDRESS 21 W BROAD ST 1 FLOOR CITY-ST-ZIP CITY-ST-ZIP **COLUMBUS OH 43215** Change Addition ☐ Delete TITLE NICKERSON, GEORGE R NAME NAME STREET ADDRESS STREET ADDRESS 21 W BROAD ST 1 FLOOR CITY-ST-ZIF CITY-ST-ZIP COLUMBUS OH 43215 Change ☐ Addition ☐ Delete TITLE TITLE VPTD SCHECHTER, RICHARD A NAME NAME STREET ADDRESS STREET ADDRESS 2439 APPALOOSA TRAIL CITY-ST-ZIP CITY-ST-ZIP **WELLINGTON FL 33414** ☐ Addition Change ☐ Delete TITLE VPD TITLE MEAD, SHEILA NAME NAME STREET ADDRESS 2439 APPALOOSA TRAIL STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **WELLINGTON FL 33414** ☐ Change ☐ Addition TITLE ☐ Delete NAME KLINGBEIL-WEIS, KRISTEN NAME STREET ADDRESS STREET ADDRESS 21 W BROAD ST 1 FLOOR CITY-ST-ZIP CITY-ST-ZIP COLUMBUS OH 43215 ☐ Addition Change AT ☐ Delete TITI F TITLE MONTGOMERY, PAUL NAME STREET ADDRESS STREET ADDRESS 501 DERBY CREEK RD STE 11 CITY-ST-ZIP CITY-ST-7IP **LEXINGTON KY 40509**

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

SIGNING OFF

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

FILED

859-263-4000

Daytime Phone #