## 2002 UNIFORM BUSINESS REPORT (UBR)

## May 27, 2002 8:00 am Secretary of State P98000011676 DOCUMENT # 1. Entity Name 05-27-2002 90330 002 \*\*\*150 00 AMERICAN APARTMENT COMMUNITIES REGENCY, INC. Principal Place of Business Mailing Address 1177 SE 3RD AVENUE AMERICAN APT. COMMUNITIES FORT LAUDERDALE FL 33316 501 DARBY CREEK RD., #11 **LEXINGTON KY 40509** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 65-0810075 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent 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. (NOTE: Registered Agent signature required when reinstating) DATE 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, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. CR2E034 (9/01) ☐ Change ☐ Addition TITLE ☐ Delete TITLE CALLARD, JAMES H NAME NAME 21 W BROAD ST 1 FLOOR STREET ADDRESS STREET ADDRESS COLUMBUS OH 43215 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NICKERSON, GEORGE R NAME NAME 21 W BROAD ST 1 FLOOR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP COLUMBUS OH 43215 CITY-ST-ZIP - Delete TITLE ☐ Change - 🔳 Addition TITLE SCHECHTER, RICHARD A NAME NAME STREET ADDRESS 2439 APPALOOSA TRAIL STREET ADDRESS WELLINGTON FL 33414 CITY-ST-ZIP CITY-ST-7IP **VPD** ☐ Delete TITLE ☐ Change ☐ Addition TITLE MEAD, SHEILA NAME NAME 2439 APPALOOSA TRAIL STREET ADDRESS STREET ADDRESS CITY-ST-7IP **WELLINGTON FL 33414** CITY-ST-7IP D ☐ Delete TITLE ☐ Change ☐ Addition TITLE KLINGBEIL-WEIS, KRISTEN NAME NAME 21 W BROAD ST 1 FLOOR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP COLUMBUS OH 43215 CITY-ST-ZIP ☐ Change TITLE TITLE ☐ Delete ☐ Addition MONTGOMERY, PAUL NAME NAME 501 DERBY CREEK RD STE 11 STREET ADDRESS STREET ADDRESS **LEXINGTON KY 40509** CITY-ST-ZIP CITY-ST-7IP 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.

FILED