2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P98000062362**

AMERICAN APARTMENT COMMUNITIES VICTORIA POINTE,

Principal Place of Business

Mailing Address

1177 S.E. 3RD AVENUE FORT LAUDERDALE FL 33316 1177 S.E. 3RD AVENUE

FORT LAUDERDALE FL 33316-1109

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

05-11-2000 90314 039 ***150.00



DATE

3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 65-0851429 Not Applicable Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WACHS, JEFFREY S ESQ Street Address (P.O. Box Number is Not Acceptable) 1177 S.E. 3RD AVENUE FORT LAUDERDALE FL 33316 Zip Code

(NOTE: Registered Agent signature required when reinstating)

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.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) $\Box X$

Signature, typed or printed name of registered agent and title if applicable

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

OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ☐ Change ☐ Addition PD Delete TITLE TITLE CALLARD, JAMES H NAME STREET ADDRESS STREET ADDRESS 21 W BROAD ST 11TH FLOOR CITY-ST-ZIP CITY-ST-7IP COLUMBUS OH 43215 ■ Addition **VPSD** ☐ Delete ☐ Change TITLE NICKERSON, GEORGE R NAME STREET ADDRESS STREET ADDRESS 21 W BROAD ST 11TH FLOOR CITY-ST-ZIP CITY-ST-ZIP COLUMBUS OH 43215 Change Addition Delete TITLE TITLE Klingbeil-Weis, Kristen NAME KLINGBEIL-WEIS, PAUL NAME 21 W. Broad St., 11th Floor STREET ADDRESS STREET ADDRESS 21 W BROAD ST 11TH FLOOR CORRECTION CITY-ST-ZIP Columbus, OH 43215 CITY-ST-ZIP COLUMBUS OH 43215 TITLE ☐ Change Addition VPTD Delete TITLE 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 MEAD, SHEILA NAME STREET ADDRESS STREET ADDRESS 2439 APPALOOSA TRAIL CITY-ST-ZIP CITY-ST-ZIP WELLINGTON FL 33414 ☐ Addition Delete TITLE ☐ Change TITLE MONTGOMERY, PAUL NAME STREET ADDRESS STREET ADDRESS 501 DARBY CREEK RD STE 11 CITY-ST-ZIP CITY-ST-ZIP **LEXINGTON KY 40509**

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

859-263-4000