

2001 UNIFORM BUSINESS REPORT (UBR)

0020281 SP

DOCUMENT # A00000001262
1. Entity Name
 GARY OWEN LIMITED PARTNERSHIP

FILED
 01 JAN 26 AM 11:31
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business **Mailing Address**
 1099 HWY A1A S. 1099 HWY A1A S.
 ST AUGUSTINE FL 32084 ST AUGUSTINE FL 32084



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business **3. Mailing Address**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State **City & State**
Zip **Country** **Zip** **Country**

4. FEI Number
 59-3661098 **Applied For**
 Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 HINMAN, ROY
 1099 HWY A1A S.
 ST AUGUSTINE FL 32084

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 _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

9. Capital Contributions as Shown on record. **\$1,000.00** **10. Amount of Capital Contributions in FLORIDA to date.** **11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION**

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION	
DOCUMENT #	
NAME	HINMAN, ROY A
STREET ADDRESS	1099 HWY A1A S.
CITY-ST-ZIP	ST AUGUSTINE FL
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	000003654030--0 -02/06/01--01067--005
STREET ADDRESS	***158.75 ***158.75
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER** Roy H. Hinman II MD / 01/23/01 904 471-5199
 _____ **Date** _____ **Daytime Phone #** _____

CF2E003 (11/00)