

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A01313

1. Entity Name

JACKSONVILLE HARBOR LIMITED PARTNERSHIP

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB 29 AM 10:40

Principal Place of Business
26 PARK ST.
MONTCLAIR NJ 07042

Mailing Address
26 PARK ST.
MONTCLAIR NJ 07042-3443



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
1722 S. CARSON
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
TULSA, OK

4. FEI Number
59-1304272

Applied For
Not Applicable

Zip
74119

Country
U.S.

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PITTMAN, ERNEST A
3946 ST. JOHNS AVE.
JACKSONVILLE FL 32205

7. Name and Address of New Registered Agent

Name
MARGARET LASH

Street Address (P.O. Box Number is Not Acceptable)
SAME

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 Stephen E. Rojel DATE 2-22-00

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record. \$243,000.00

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 | | 13. ADDRESS CHANGES ONLY | |
|---------------------------------|--------------------|--------------------------|--|
| DOCUMENT # | HOLZEL, STEPHEN E. | STREET ADDRESS | |
| NAME | 26 PARK STREET | CITY - ST - ZIP | |
| STREET ADDRESS | MONTCLAIR NJ | | |
| CITY - ST - ZIP | | | |
| DOCUMENT # | | STREET ADDRESS | |
| NAME | | CITY - ST - ZIP | |
| STREET ADDRESS | | | |
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| NAME | | 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: Stephen E. Rojel SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2-22-00

Date

(973) 744-4470

Daytime Phone #

CR2E003 (9/99)