

2001 UNIFORM BUSINESS REPORT (UBR)

0000470 AF

DOCUMENT # A01318			
1. Entity Name <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">FRANKLIN ARMS EAST, LIMITED</div>			
Principal Place of Business <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">4000 B ST. JOHNS AVE. STE 22 JACKSONVILLE FL 32205</div>		Mailing Address <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">4000 B ST. JOHNS AVE. STE 22 JACKSONVILLE FL 32205</div>	
2. Principal Place of Business <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">Suite, Apt. #, etc.</div>		3. Mailing Address <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">Suite, Apt. #, etc.</div>	
City & State <div style="border: 1px solid black; padding: 2px; margin-top: 5px;"></div>		City & State <div style="border: 1px solid black; padding: 2px; margin-top: 5px;"></div>	
Zip <div style="border: 1px solid black; padding: 2px; margin-top: 5px;"></div>	Country <div style="border: 1px solid black; padding: 2px; margin-top: 5px;"></div>	Zip <div style="border: 1px solid black; padding: 2px; margin-top: 5px;"></div>	Country <div style="border: 1px solid black; padding: 2px; margin-top: 5px;"></div>
6. Name and Address of Current Registered Agent <div style="border: 1px solid black; padding: 2px; margin-top: 5px;"> CRAVEY, JERRY R. 4000 B ST. JOHNS AVE. STE 22 JACKSONVILLE FL 32205 </div>			
7. Name and Address of New Registered Agent <div style="border: 1px solid black; padding: 2px; margin-top: 5px;"> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code </div>			
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. <div style="border: 1px solid black; padding: 2px; margin-top: 5px;"> SIGNATURE _____ <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))</small> DATE _____ </div>			
9. Capital Contributions as Shown on record. \$900.00		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 # NAME STREET ADDRESS CITY-ST-ZIP	<div style="border: 1px solid black; padding: 2px; margin-top: 5px;"> WALTON, WILLIAM H., JR. 3811 MCGIRTS BLVD. JACKSONVILLE FL </div>		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	<div style="border: 1px solid black; padding: 2px; margin-top: 5px;"> WEED, J.D., JR. 4334 MCGIRTS BLVD. JACKSONVILLE FL </div>		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	<div style="border: 1px solid black; padding: 2px; margin-top: 5px;"> 370096 FRANKLIN ARMS, INC. P. O. BOX 1588 N/A JACKSONVILLE FL </div>		
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1347933

Applied For
Not Applicable

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

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

02/14/01
Date

904-308-2225
Daytime Phone #

CR2E003 (11/00)