

# 2002 UNIFORM BUSINESS REPORT (UBR)


0006057 AT

LF

**DOCUMENT # A01318**

1. Entity Name  
**FRANKLIN ARMS EAST, LIMITED**

**FILED**  
02 APR 23 AM 9:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business <b>4000 B ST. JOHNS AVE. STE 22 JACKSONVILLE FL 32205</b>	Mailing Address <b>4000 B ST. JOHNS AVE. STE 22 JACKSONVILLE FL 32205</b>
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

**DUE BY MAY 1, 2002**

4. FEI Number <b>59-1347933</b>	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**CRAVEY, JERRY R.  
4000 B ST. JOHNS AVE.  
STE 22  
JACKSONVILLE FL 32205**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. <b>\$900.00</b>	10. Amount of Capital Contributions in FLORIDA to date.	11. <b>MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION</b>
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**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 STREET ADDRESS CITY-ST-ZIP	<b>WALTON, WILLIAM H., JR. 3811 MCGIRTS BLVD. JACKSONVILLE FL</b>
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	<b>WEED, J.D., JR. 4334 MCGIRTS BLVD. JACKSONVILLE FL</b>
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	<b>370096 FRANKLIN ARMS, INC. P. O. BOX 1588 N/A JACKSONVILLE FL</b>
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	
STREET ADDRESS	<b>000005361980--5 -04/29/02-01020-013 ****141.25-****141.25</b>
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:** *W. Walton* **REQUIRED** **04/16/02** **904-388-2225**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/01)