

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A01608

1. Entity Name:  
MELON MANOR APARTMENTS, LTD.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 JUN 30 PM 1:29

Principal Place of Business  
4000 B ST. JOHNS AVE., STE. 22  
JACKSONVILLE FL 32205

Mailing Address  
4000 B ST. JOHNS AVE., STE. 22  
JACKSONVILLE FL 32205-9345



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-1382667		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CRAVEY, JERRY R. 4000 B ST. JOHNS AVE. #22 JACKSONVILLE FL 32205		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. \$44,347.50

10. Amount of Capital Contributions in FLORIDA to date. \$44,347.50

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	WALTON, WILLIAM H., JR. 3811 MCGIRTS BLVD. JACKSONVILLE FL	STREET ADDRESS CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	WEED, JOSEPH D., JR. 4334 MCGIRTS BLVD. JACKSONVILLE FL	STREET ADDRESS CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	SPALDING, WILLIAM T. P.O. DRAWER 1068 N/A PALATKA FL	STREET ADDRESS CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	MCNAB, DONALD 1911 LAUREL ST. PALATKA FL	STREET ADDRESS CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS CITY - ST - ZIP	
DOCUMENT # NAME 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: William H. Walton, Jr. 4/30/00 (904) 388-2225  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #