

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A01608**

1. Entity Name

MELLON MANOR APARTMENTS, LTD.

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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DUE BY MAY 1, 2002

4. FEI Number

59-1382667

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions
as Shown on record.

\$44,347.50

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	STREET ADDRESS	CITY-ST-ZIP
	WALTON, WILLIAM H., JR.	3811 MCGIRTS BLVD.	JACKSONVILLE FL		
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
	WEED, JOSEPH D., JR.	4334 MCGIRTS BLVD.	JACKSONVILLE FL	300005450133--0	05/03/02 01060-002
				****399.18 ****399.18	
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
	SPALDING, WILLIAM T.	P.O. DRAWER 1068 N/A	PALATKA FL		
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
	MENAB, DONALD	1911 LAUREL ST.	PALATKA FL		
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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

04/16/02

Date

904-388-2225

Daytime Phone #

LF

FILED

02 APR 23 AM 9:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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CR2E003 (9/01)