

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0012133 N

DOCUMENT # A01657

1. Entity Name

GRIFFIN HEIGHTS APARTMENTS, LTD.

00 MAR 29 PM 12:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ml



Principal Place of Business

641 MCDONNELL DRIVE
TALLAHASSEE FL 32310

Mailing Address

P. O. BOX 1212
TALLAHASSEE FL 32302-1212

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-1530635

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

KOELEMIJ, J J
641 MCDONNELL DR.
TALLAHASSEE FL 32310

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$106,524.00

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 # 840994
NAME TALCURA, INC.
STREET ADDRESS 641 MCDONNELL DRIVE
CITY - ST - ZIP TALLAHASSEE FL

STREET ADDRESS
CITY - ST - ZIP

DOCUMENT #
NAME KOELEMIJ, J J
STREET ADDRESS 1006 GARDENIA DRIVE
CITY - ST - ZIP TALLAHASSEE FL

STREET ADDRESS 500003203705--8
CITY - ST - ZIP -04/11/00--01090--007
****526.25 ****526.25

DOCUMENT #
NAME WALTON, WILLIAM H JR
STREET ADDRESS 1140 EDGEWOOD AVE S
CITY - ST - ZIP JACKSONVILLE FL

STREET ADDRESS
CITY - ST - ZIP

DOCUMENT #
NAME WEED, JOSEPH D
STREET ADDRESS 1140 EDGEWOOD AVE S
CITY - ST - ZIP JACKSONVILLE FL

STREET ADDRESS
CITY - ST - ZIP

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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/99)