

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A01657**

1. Entity Name

**GRIFFIN HEIGHTS APARTMENTS, LTD.**

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

**DUE BY SEPTEMBER 26, 2001**

4. FEI Number **59-1530635**

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

**KOELEMI, J J  
641 MCDONNELL DR.  
TALLAHASSEE FL 32310**

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 # **KOELEMI, J J**  
NAME **1006 GARDENIA DRIVE**  
STREET ADDRESS **TALLAHASSEE FL**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT # **WALTON, WILLIAM H JR**  
NAME **1140 EDGEWOOD AVE S**  
STREET ADDRESS **JACKSONVILLE FL**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT # **WEED, JOSEPH D**  
NAME **1140 EDGEWOOD AVE S**  
STREET ADDRESS **JACKSONVILLE FL**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT # **STAPLE CHECK HERE**  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT # **STAPLE CHECK HERE**  
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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

**7/03/01 (850) 222-5262**

**FILED**

**01 JUL -3 AM 8:47**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



CR2E003 (5/01)