

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A01657**

1. Entity Name
GRIFFIN HEIGHTS APARTMENTS, LTD.



FILED

03 APR -9 PM 3:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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.

DUE BY MAY 1, 2003

City & State

City & State

4. FEI Number **59-1530635**

Applied For
Not Applicable

Zip Country

Zip Country

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

**KOELEMIJ, 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. I am familiar with, and accept the obligations of registered agent.

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

9. Capital Contributions as Shown on record. **\$106,524.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. **MAKE CHECK PAYABLE TO FL. 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	STREET ADDRESS	
NAME	TALCURA, INC.	CITY-ST-ZIP	
STREET ADDRESS	641 MCDONNELL DRIVE		
CITY-ST-ZIP	TALLAHASSEE FL		
DOCUMENT #		STREET ADDRESS	100015551421
NAME	KOELEMIJ, J J	CITY-ST-ZIP	04/03/03 01016 020 **526.25
STREET ADDRESS	1006 GARDENIA DRIVE		
CITY-ST-ZIP	TALLAHASSEE FL		
DOCUMENT #		STREET ADDRESS	
NAME	WALTON, WILLIAM H JR	CITY-ST-ZIP	
STREET ADDRESS	1140 EDGEWOOD AVE S		
CITY-ST-ZIP	JACKSONVILLE FL		
DOCUMENT #		STREET ADDRESS	
NAME	WEED, JOSEPH D	CITY-ST-ZIP	
STREET ADDRESS	1140 EDGEWOOD AVE S		
CITY-ST-ZIP	JACKSONVILLE FL		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	M THOMAS
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		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: *John J. Koelmeij*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/02/03 **(850) 222-5262**
Date Daytime Phone #

CR2E003 (10/02)