

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A01891

1. Entity Name
HICKORY HILL APARTMENTS, LTD.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 APR -9 PM 3:51

Principal Place of Business
PO BOX 1212
TALLAHASSEE FL 32302

Mailing Address
PO BOX 1212
TALLAHASSEE FL 32302



2. Principal Place of Business
2315 Jackson Bluff Road
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State
Tallahassee, FL

City & State

4. FEI Number 59-1442050

Applied For
Not Applicable

Zip 32304 Country USA

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

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

DATE

9. Capital Contributions
as Shown on record. \$186,480.00

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

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
COHEN, I.
6020 WATEREDGE LANE
JACKSONVILLE FL

STREET ADDRESS
CITY-ST-ZIP

800015544608
04/09/03-01013-031 **528.25

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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. Koelermij
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER
Date: 3/25/03
850-212-3262

0006712 AT

CR2E003 (10/02)