

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A03315**

1. Entity Name

UNIVERSITY PLAZA APARTMENTS LIMITED

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
00 MAY 12 PM 1:33



DO NOT WRITE IN THIS SPACE

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 32205-9345

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1425199**

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

CRAVEY, JERRY R.  
4000 B ST. JOHNS AVE.  
STE 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. Capital Contributions as Shown on record. **\$247,987.00**

10. Amount of Capital Contributions in FLORIDA to date. **247,987.**

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  
**WALTON, WILLIAM H., JR.  
3811 MCGIRTS BLVD.  
JACKSONVILLE FL**

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**WEED, JOSEPH D., JR.  
4334 MCGIRTS BLVD.  
JACKSONVILLE FL**

STREET ADDRESS

CITY - ST - ZIP

**000003297990--8**  
**-06/20/00--01091--013**  
**\*\*\*\*\*526.25 \*\*\*\*\*526.25**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**CONRAD, JOSEPH E.  
7377 HALLCREST DRIVE  
MCLEAN VA**

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**379127  
WWCA INC.  
1199 EDGEWOOD AVE SO  
JACKSONVILLE FL**

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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CITY - ST - ZIP

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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

**W. H. WALTON**

**4-30-00**

**904-388-2225**

Date

Daytime Phone #