

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0006298 AT

DOCUMENT # **A03315**



1. Entity Name  
**UNIVERSITY PLAZA APARTMENTS LIMITED**

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**

**FILED**  
03 FEB 19 PM 4: 02

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**MJH**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**DUE BY MAY 1, 2003**

4. FEI Number **59-1425199**

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

**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. 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. **\$247,987.00**

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 **WALTON, WILLIAM H., JR.**  
STREET ADDRESS **3811 MCGIRTS BLVD.**  
CITY-ST-ZIP **JACKSONVILLE FL**

STREET ADDRESS

CITY-ST-ZIP

**300012790553**  
**02/19/03--01051--016 \*\*526.25**

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

STREET ADDRESS

CITY-ST-ZIP

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

STREET ADDRESS

CITY-ST-ZIP

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

STREET ADDRESS

CITY-ST-ZIP

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NAME  
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NAME  
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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: **WALTON, WILLIAM H., JR.**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

02/05/03  
Date

(904) 308-2225  
Daytime Phone #

CR2E003 (10/02)