## **2000 UNIFORM BUSINESS REPORT (UBR)**

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DOCUMENT # A06881					FILED	
HICKORY KNOLL APARTMENTS, LTD.				FILED SECRETARY OF STATE DIVISION OF CORPORATIONS		
					00 JAN 14 PM 4: 57	
Principal Place of Business 3851 ORTEGA BLVD. JACKSONVILLE FL 32210		Mailing Address 3851 ORTEGA BLVD. JACKSONVILLE FL 32210-4415				
Principal Place of Business     3. Mailing Ar			ling Address		-	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE	
City & State		City & State			4. FEI Number 59-1847305   Applied For Not Applied For	
Zip	Country	Zip			5. Certificate of Status Desired \$8.75 Additional Fee Required	
Name and Address of Current Registered Agent				Name	7. Name and Address of New Registered Agent	
MIDDLETON, GAIL C 3851 ORTEGA BLVD. JACKSONVILLE FL 32210				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 it	ts registere	d office or register	red agent, or both, in the State of Florida.	
SIGNATURE.	Signature, typed or printed name of registered agent a	nd title if applicable. (NC	OTE: Registered	d Agent signature required		
9. Capital Contributions as Shown on record. \$455,000.00 In FLORIDA to date					11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION	
	A GENERAL PARTNER T NOTE: General Partners MA	Y NOT be changed on	the form:	ust be Regist ; an amendmen	TERED AND ACTIVE WITH THIS OFFICE.  It must be filed to change a general partner.	
12,	GENERAL PARTNER	INFORMATION	13.	1	ADDRESS CHANGES ONLY	
DOCUMENT# NAME	G93188000186 WALTER J. COWART TRUST	•	STRE	ET ADDRESS		
STREET ADDRESS CITY-ST-ZIP	3851 ORTEGA BLVD. JACKSONVILLE FL 32210		СПУ-	-ST-ZIP		
DOCUMENT# NAME	G93187000130 JAMES EDGAR COWART TRUST 3851 ORTEGA BLVD		STRE	ET ADDRESS	<del>400003103964</del> 3 -01/20/0001029010 <del>*****535.00</del> *****535.00	
STREET ADDRESS CITY-ST-ZIP	JACKSONVILLE FL 32210		CITY-	ST-ZIP		
~ Document # ≒~ - Name	HIGHCO, INC.	and the second of the second	STRE	ET ADDRESS	and the second s	
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DOCUMENT# NAME			STRE	ET ADDRESS		
STREET ADDRESS CITY ST-ZIP	,		СПУ-	-ST-ZIP	·	
DO, p ENT# NAME :			STREE	ET ADDRESS		
STREET ADDRESS CITY - ST - ZIP	,			ST-ZIP		
14. I hereby certify that the information supplied with this filling 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 the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes  A C. Midd Aton, Press.  (904)  SIGNATURE:						
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER  Date  Da						