

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A07158**

1. Entity Name

WJA REALTY LIMITED PARTNERSHIP

Principal Place of Business

**15 E. 5TH ST., STE 4030
TULSA OK 74103**

Mailing Address

**PO BOX 1439
TULSA OK 74101-1439**

2. Principal Place of Business

3. Mailing Address

WJA Realty Limited

Suite, Apt. #, etc.

4033 S. YORKTOWN PLACE

City & State

TULSA, OK

Zip

74105

Country

USA

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DUE BY SEPTEMBER 26, 2001

4. FEI Number

04-2632298

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**DONOVAN, RICHARD P
14535 N.W. 60TH AVE.
HIALEAH FL 33014-2808**

7. Name and Address of New Registered Agent

Name

Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable)

1201 Hays Street

City

Tallahassee

FL

Zip Code

32301

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 *Maureen Cullen* **Maureen Cullen, Asst. V.P.** **August 8, 2001**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$9,900,000.00

10. Amount of Capital Contributions

in FLORIDA to date. **\$9,900,000.00**

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

DOCUMENT #
NAME **WHEELER, DAVID B**
STREET ADDRESS **5809 CARRYBACK LANE**
CITY-ST-ZIP **AUSTIN TX**

DOCUMENT # **F93000000466**
NAME **E.H.P. CORPORATION**
STREET ADDRESS **PO BOX 1439**
CITY-ST-ZIP **TULSA OK**

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STREET ADDRESS
CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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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: *David B. Wheeler* **David B. Wheeler, President**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

7/26/02

CR2E003 (5/01)