

# 2001 UNIFORM BUSINESS REPORT (UBR)

0000373 AF

DOCUMENT # **A08845**

1. Entity Name

**ST. JOHNS RIVER APARTMENTS, LTD.**

524.97

**FILED**

01 MAY -1 PM 5:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

**233 E STATE ST.  
JACKSONVILLE FL 32202**

Mailing Address

~~**233 E STATE ST.  
JACKSONVILLE FL 32202**~~

2. Principal Place of Business

3. Mailing Address

**1002 W. 23rd Street**

Suite, Apt. #, etc.

Suite, Apt. #, etc.  
**Suite 400**

City & State

City & State  
**Panama City, FL**

4. FEI Number

**59-2078934**

Applied For

Not Applicable

Zip

Country

Zip

Country

**32405**

**USA**

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

**TULLIS, GARY  
233 E STATE ST  
JACKSONVILLE FL 32202**

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

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

(NOT: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions  
as Shown on record.

**\$61,066.20**

10. Amount of Capital Contributions  
in FLORIDA to date.

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  
**WARREN, ELLIS R  
233 E STATE ST  
JACKSONVILLE FL 32202**

STREET ADDRESS  
CITY - ST - ZIP  
**300004243519-9  
-05/18/01--01005--001  
BK \*\*45187.28 \*\*\*\*524.97**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

STREET ADDRESS  
CITY - ST - ZIP

**AR 427.47**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

STREET ADDRESS  
CITY - ST - ZIP

**ANSWER 88.75**

DOCUMENT #  
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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:

**ELLIS R. WARREN**

**4/25/01**

**850/768-8481**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (11/00)