

2000 UNIFORM BUSINESS REPORT (UBR)

0012344 A

DOCUMENT # A09908

1. Entity Name
MILTON APARTMENTS, LTD.

Principal Place of Business
2962 RANCHETTE SQ.
P.O. BOX 596
GULF BREEZE FL 32562

Mailing Address
1002 W. 23RD STREET, SUITE 400
PANAMA CITY FL 32405-3648



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-2211957

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

BROXSON, JOHN R.
#5 CENTER ST.
GULF BREEZE FL 32562

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions as Shown on record. \$82,620.00

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
BROXSON, JOHN R.
#5 CENTER ST
GULF BREEZE FL

STREET ADDRESS

CITY - ST - ZIP

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STREET ADDRESS

CITY - ST - ZIP

437.50
88.75
88.75
635.00

FILED
00 MAY -1 PM 12:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-06/08/00--01079-001
44346.07 ***535.00

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
John R. Broxson

2-10-00 850/769-8981
Date Daytime Phone #