

# 2002 UNIFORM BUSINESS REPORT (UBR)

0006439 AT

DOCUMENT # **A10082**

1. Entity Name  
**ST. AUGUSTINE OAKS, LTD.**

FILED  
02 AUG 19 AM 10:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
**8510 ROYAL LAKES DRIVE  
JACKSONVILLE FL 32256**

Mailing Address  
**8510 ROYAL LAKES DRIVE  
JACKSONVILLE FL 32256**



2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

**DUE BY MAY 1, 2002**

4. FEI Number **59-2241907**  
Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**DANIELS, L A JR.  
8510 ROYAL LAKES DR.  
JACKSONVILLE FL 32256**

7. Name and Address of New Registered Agent  
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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$8,000.00**

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

DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
	<b>BARKER, JAMES M IV</b>	<b>1820 S.R. 13 #1</b>	<b>JACKSONVILLE FL</b>
	<b>DANIELS, L A</b>	<b>8510 ROYAL LAKES DR.</b>	<b>JACKSONVILLE FL</b>

13. ADDRESS CHANGES ONLY

STREET ADDRESS	CITY-ST-ZIP
<b>100007659731--8</b>	<b>-09/11/02--01026--006</b>
	<b>****544.75 ****544.75</b>

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** **1/17/02** **904 296-9621**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/01)