

2002 UNIFORM BUSINESS REPORT (UBR)

0005559 AT

APPROVED
AND
FILED

02 JUN -3 PM 3:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # A13846

1. Entity Name
EASTSIDE GARDEN APARTMENTS, LTD.

Principal Place of Business
**1329 KINGSLEY AVENUE
SUITE C
ORANGE PARK FL 32073**

Mailing Address
**1329 KINGSLEY AVENUE
SUITE C
ORANGE PARK FL 32073**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

DUE BY MAY 1 2002

4. FEI Number **59-2246484**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BHIDE, VASANT
1329 KINGSLEY AVENUE, SUITE C
ORANGE PARK FL 32073**

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. **\$4,788.00**

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 #	BHIDE, VASANT 1329 KINGSLEY AVENUE C ORANGE PARK FL	STREET ADDRESS	
NAME		CITY-ST-ZIP	452.50-LP
CITY-ST-ZIP			88.75-Adm
DOCUMENT #	HALL, WENDELL 1329 KINGSLEY AVENUE C ORANGE PARK FL	STREET ADDRESS	
NAME		CITY-ST-ZIP	
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	PAID ACCOUNT # 6311
NAME		CITY-ST-ZIP	DATE 6/11/02
CITY-ST-ZIP			CHECK # 6259
DOCUMENT #		STREET ADDRESS	EASTSIDE TERRACE 541.25
NAME		CITY-ST-ZIP	EASTSIDE GARDENS
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	000005695300--3
NAME		CITY-ST-ZIP	-06/06/02--01085--019
CITY-ST-ZIP			***541.25 ***541.25
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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: *E. Wendell Hall* **5-6-02**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

CR2E003 (9/01)