

# 2002 UNIFORM BUSINESS REPORT (UBR)

0008940 AT

**DOCUMENT # A15260**  
 1. Entity Name  
**CALLAWAY MANOR APARTMENTS, LTD**

FILED

02 MAR 21 PM 4: 03

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



Principal Place of Business: **608 SOUTH TYNDALL PARKWAY PANAMA CITY FL 32404**  
 Mailing Address: **P.O. BOX 6437 PANAMA CITY FL 32404**

2. Principal Place of Business Suite, Apt. #, etc.  
 3. Mailing Address Suite, Apt. #, etc.

City & State

**DUE BY MAY 1, 2002**

4. FEI Number **59-2380095**

Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**  
**SUMNER, DANNY J**  
**608 S. TYNDALL PARKWAY**  
**PANAMA CITY FL 32404**

**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. **\$100.00**

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 #	<b>N25049</b>
NAME	<b>JACKSON COUNTY HABITAT OF HUMANITY, INC.</b>
STREET ADDRESS	<b>4441 JACKSON STREET</b>
CITY-ST-ZIP	<b>MARIANNE FL</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	<b>100005168871--0</b>
CITY-ST-ZIP	<b>03/26/02--01037--016</b>
STREET ADDRESS	<b>***150.00 ***150.00</b>
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
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: *[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date: *2/19/02* Daytime Phone #

STAPLE CHECK HERE

CR2E003 (9/01)