

2003 LIMITED PARTNERSHIP UNIFORM-BUSINESS REPORT (UBR)

0006415 AT

DOCUMENT # **A21813**

1. Entity Name
**BAY OAKS REALTY ASSOCIATES, A CALIFORNIA LIMITED
PARTNERSHIP**



FILED

03 FEB -5 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
**4915 BAYMEADOWS ROAD
JACKSONVILLE FL 32217**

Mailing Address
**4915 BAYMEADOWS ROAD
JACKSONVILLE FL 32217**

2. Principal Place of Business
4344 Langley Ave
Suite, Apt. #, etc.

3. Mailing Address **46 Rental Office**
16301 Buccaneer Lane
Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State
Pensacola, Fla
Zip
32504
Country
USA

City & State
Houston Texas
Zip
77062
Country
USA

4. FEI Number **63-3743180**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**HANSEN, LUCILLE M.
4335 PLAZA GATE LANE, APT. 101
JACKSONVILLE FL 32217**

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. I am familiar with, and accept the obligations of registered agent.

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

DATE

9. Capital Contributions
as Shown on record. **\$950,000.00**

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. 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
**BELCHER, KERRY K.
1600 REEF VIEW CIR.
CORONA DEL MAR CA**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
**TODD, LEONARD C.
6000 GARDEN GROVE BLVD
WESTMINSTER CA**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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02/04/03--01085--007 **526.25

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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (10/02)

STAPLE CHECK HERE