

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A26551**

1. Entity Name

OLIVER-JACKSONVILLE ASSOCIATES, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAY -4 PM 1:33

Principal Place of Business 10065 EMERALD COAST PARKWAY, SUITE C-3 DESTIN FL 32541	Mailing Address 10065 EMERALD COAST PARKWAY, SUITE C-3 DESTIN FL 32541-4920
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1708 OLD HIGHWAY 98	3. Mailing Address 1708 OLD HIGHWAY 98
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State DESTIN FL	City & State DESTIN FL	4. FEI Number 62-1378010	Applied For Not Applicable
Zip 32541	Country USA	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent POPE, WILLIAM A 10065 EMERALD COAST PARKWAY SUITE C-3 DESTIN FL 32541	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1708 OLD HIGHWAY 98 City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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
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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	OLIVER, HOWARD C. 10065 EMERALD COAST PARKWAY, SUITE C-3 DESTIN FL 32541	STREET ADDRESS CITY - ST - ZIP	1708 OLD HIGHWAY 98 300003292103--0 06/15/00 01106 012 ****141.25 ****141.25
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	OWENS, PAUL D. 315 BELLEVILLE BREWTON AL 36426	STREET ADDRESS CITY - ST - ZIP	
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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** 4/30/00 850 837162
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CRF E003 (1/7/00)