

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

Mailing Address

~~10065 EMERALD COAST PARKWAY, SUITE C-3~~
DESTIN FL 32541

~~10065 EMERALD COAST PARKWAY, SUITE C-3~~
DESTIN FL 32541-4920



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

Zip
32541

Country
USA

5. Certificate of Status Desired ☐

\$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

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

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

(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

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	OLIVER, HOWARD C.
STREET ADDRESS	10065 EMERALD COAST PARKWAY, SUITE C-3
CITY - ST - ZIP	DESTIN FL 32541

13. ADDRESS CHANGES ONLY

STREET ADDRESS	1708 OLD HIGHWAY 98
CITY - ST - ZIP	300003292103--0
STREET ADDRESS	06/15/00 01106 012
CITY - ST - ZIP	****141.25 ****141.25

DOCUMENT #	
NAME	OWENS, PAUL D.
STREET ADDRESS	315 BELLEVILLE
CITY - ST - ZIP	BREWTON AL 36426

DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/30/00
Date

850 837162
Daytime Phone #

CR: E003 (1/00)