

# 2001 UNIFORM BUSINESS REPORT (UBR)

192  
0018064 AF

**DOCUMENT # A26551**

1. Entity Name  
**OLIVER-JACKSONVILLE ASSOCIATES, LTD.**

**FILED**  
JUN 28 AM 8:47

Principal Place of Business Mailing Address  
~~1708 OLD HIGHWAY 98 DESTIN FL 32541~~ **707 Selma Ave Selma, AL 36701** ~~1708 OLD HIGHWAY 98 DESTIN FL 32541~~ **707 Selma Ave Selma, AL 36701**

SECRETARY OF STATE  
TALLAHASSEE, FL 32399



2. Principal Place of Business 3. Mailing Address  
**707 Selma Ave 707 Selma Ave**  
Suite, Apt. #, etc. Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State City & State  
**Selma, AL Selma, AL 36701**  
Zip Country Zip Country  
**36701 36701**

4. FEI Number 62-1378010  
Applied For Not Applicable

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

6. Name and Address of Current Registered Agent  
**POPE, WILLIAM A**  
**1708 OLD HIGHWAY 98**  
**DESTIN FL 32541**

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 \_\_\_\_\_ (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	STREET ADDRESS	CITY-ST-ZIP
	OLIVER, HOWARD C.	<del>1708 OLD HIGHWAY 98</del> <b>707 Selma Ave.</b>	<del>DESTIN FL 32541</del> <b>Selma, AL 36701</b>
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
	OWENS, PAUL D.	<del>315 BELLEVILLE</del> <b>Leigh Place</b>	<del>BREWTON AL 36426</del> <b>Brewton, AL 36427</b>
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	<b>707 Selma Ave.</b>
CITY-ST-ZIP	<b>Selma, AL 36701</b>
STREET ADDRESS	<b>Leigh Place</b>
CITY-ST-ZIP	<b>Brewton, AL 36427</b>
STREET ADDRESS	
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]* **STANDARD FEE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

6/26/2001

Date Daytime Phone #

CR2E003 (11/00)