2002 UNIFORM BUSINESS REPORT (UBR)

0019413 AB

DOCUMENT # A26551

1. Entity Name

OLIVER-JACKSONVILLE ASSOCIATES, LTD.

FILED
02 MAY -2 PM 2:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
707 SELMA AVE. SELMA AL 36701	707 SELMA AVE. SELMA AL 36701

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DUE BY MAY 1, 2002

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	7. Name and Address of New Registered Agent
POPE, WILLIAM A 1708 OLD HIGHWAY 98 DESTIN FL 32541	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.	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
$100.00		

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 #		STREET ADDRESS	
NAME	OLIVER, HOWARD C.	CITY-ST-ZIP	
STREET ADDRESS	707 SELMA AVE.		
CITY-ST-ZIP	SELMA AL 36701		
DOCUMENT #		STREET ADDRESS	600005555356--8
NAME	OWENS, PAUL D.		-05/16/02--01067--005
STREET ADDRESS	LEIGH PLACE	CITY-ST-ZIP	****141.25 ****141.25
CITY-ST-ZIP	BREWTON AL 36427		
DOCUMENT #		STREET ADDRESS	
NAME			
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CITY-ST-ZIP			

CR2E003 (9/01)

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: Howard C. Oliver HOWARD C. OLIVER General Partner 4/30/02 3349723913
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #