

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A26701**

1. Entity Name

OK RECOVERY, LTD.

Principal Place of Business

**111 RIVERSIDE AVENUE
SUITE 140
JACKSONVILLE FL 32202**

Mailing Address

**P.O. BOX 52898
JACKSONVILLE FL 32201**

2. Principal Place of Business

200 W. Forsyth St.

Suite, Apt. #, etc.

Suite 1600

City & State

Jacksonville, FL

Zip

32202

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2897848

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SMITH HULSEY & BUSEY, P.A.
1800 FLORIDA NATIONAL BANK TOWER
225 WATER STREET
JACKSONVILLE FL 32202**

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

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.

\$5,411.00

10. Amount of Capital Contributions
in FLORIDA to date.

5,411.00

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

**NEWTON, RUSSELL B III
4612 ORTEGA BLVD.
JACKSONVILLE FL**

13. ADDRESS CHANGES ONLY

STREET ADDRESS

200 W. Forsyth St., Suite 1600

CITY-ST-ZIP

Jacksonville, FL 32202

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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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:

Russell B. Newton, III
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

5/10/01

Date

(904) 356-1739

Daytime Phone #

CR2E003 (11/00)

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AF