

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A16251

1. Entity Name

WALL BOULEVARD ASSOCIATES, LTD.

Principal Place of Business

41 N BELTLINE HWY  
MOBILE AL 36608

Mailing Address

P.O. BOX 160306  
MOBILE AL 36616-1306

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.  
3rd Floor, Colonial Bank Centre

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

36608-1201

6. Name and Address of Current Registered Agent

AUSTIN, LES  
3298 SUMMIT BLVD #18  
PENSACOLA FL 32503-4350

7. Name and Address of New Registered Agent

Name Joseph J. Campus, III

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 *Joseph J. Campus, III*

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

(NOTE: Registered Agent signature required when reinstating)

APR 18 2000

DATE

9. Capital Contributions  
as Shown on record. \$3,300,000.00

10. Amount of Capital Contributions  
in FLORIDA to date. \$3,300,000.00

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 # GP9800001084  
NAME MITCHELL EQUITIES  
STREET ADDRESS 3298 SUMMIT BLVD #18  
CITY - ST - ZIP PENSACOLA FL 32503-4350

DOCUMENT #  
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CITY - ST - ZIP

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CITY - ST - ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS  
CITY - ST - ZIP 400003248924--3  
-05/11/00--01034--020  
\*\*\*\*526.25 \*\*\*\*526.25

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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

CHESTER J. STEFAN

SIGNATURE:

SIGNATURE REQUIRED

(334) 380-2929

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

APR 18 2000

Daytime Phone #

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 APR 24 AM 3:05



DO NOT WRITE IN THIS SPACE