

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A17646**

1. Entity Name

**OAKLEIGH ASSOCIATES, LTD.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 APR 24 AM 3:05

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

4. FEI Number

**63-0882195**

Applied For

☒ Not Applicable

Zip

Country

Zip

Country

**36608-1201**

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

**AUSTIN, LES**

**3298 SUMMIT BLVD #18**

**PENSACOLA FL 32503-4350**

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)

DATE

**APR 18 2000**

9. Capital Contributions  
as Shown on record.

**\$4,050,000.00**

10. Amount of Capital Contributions  
in FLORIDA to date.

**\$4,050,000.00**

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

13. ADDRESS CHANGES ONLY

DOCUMENT #

**GP9800001084**

NAME

**MITCHELL EQUITIES**

STREET ADDRESS

**3298 SUMMIT BLVD #18**

CITY - ST - ZIP

**PENSACOLA FL 32503-4350**

STREET ADDRESS

CITY - ST - ZIP

**100003240931-1**  
**-05/11/00--01094--023**  
**\*\*\*\*\*526.25 \*\*\*\*\*526.25**

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

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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

SIGNATURE:

*CHESTER J. STEFFAN*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**APR 18 2000** (334) 380-2929

Date

Daytime Phone #