

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # **A20351**

1. Entity Name
OAKVIEW ASSOCIATES, LTD.



FILED

03 APR 18 PM 1:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
**41 N BELTLINE HWY
3RD FLOOR, COLONIAL BANK CENTRE
MOBILE AL 36608**

Mailing Address
**P.O. BOX 160306
MOBILE AL 36616**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.
41 W I-65 Service Road, N

Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State
**3rd Floor - Colonial Bank Centre
Mobile, AL**

4. FEI Number **63-0905295**

Applied For
☒ Not Applicable

Zip
36608

Country
Mobile

Zip
36602

Country

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

**CAMPUS, JOSEPH J III
3298 SUMMIT BLVD #18
PENSACOLA FL 32503-4350**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Joseph J. Campus III*
Signature, typed or printed name of registered agent and title if applicable.

DATE **4/4/03**

9. Capital Contributions as Shown on record. **\$800,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **\$800,000.00**

11. MAKE CHECK PAYABLE TO FL. 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

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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:

Signature of Joseph J. Campus III
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (10/02)