

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A20352**

1. Entity Name

NORTHCROSS ASSOCIATES, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 24 AM 3:05



DO NOT WRITE IN THIS SPACE

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.

Suite, Apt. #, etc.

3rd Floor, Colonial Bank Centre

City & State

City & State

4. FEI Number

63-0908383

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

Joel Campus

(NOTE: Registered Agent signature required when reinstating)

APR 18 2000

DATE

9. Capital Contributions
as Shown on record.

\$2,395,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

\$2,395,000.00

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

DOCUMENT #
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CITY - ST - ZIP

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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. STEFAN
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

APR 18 2000

(334) 380-2929

Date

Daytime Phone #