

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A20352**

1. Entity Name

**NORTHCROSS ASSOCIATES, LTD.**

Principal Place of Business

Mailing Address

**41 N BELTLINE HWY  
3RD FLOOR, COLONIAL BANK CENTRE  
MOBILE AL 36608**

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**DUE BY MAY 1, 2002**

4. FEI Number

**63-0908383**

Applied For

☒ Not Applicable

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.

SIGNATURE

*Joseph J. Campus*

**1-11-02**

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

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**600004880536--4**

**02-05-02 01056-019**

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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

*Joseph J. Campus*

**1-14-02**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

0020114 AB

CR2E003 (9/01)

STAPLE CHECK HERE

