

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A95000000475

1. Entity Name
MIRABELLE-MITCHELL PARTNERS, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR 13 AM 11:27

Principal Place of Business
**8826 NORTH DAVIS HIGHWAY, SUITE 1
PENSACOLA FL 32514**

Mailing Address
**P.O. BOX 16006
MOBILE AL 36616-0006**



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Zip

City & State
Zip

Country

Country

4. FEI Number
63-1143043

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**MELVIN, JACKIE P
8826 NORTH DAVIS HIGHWAY
SUITE 1
PENSACOLA FL 32514**

7. Name and Address of New Registered Agent
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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. Capital Contributions as Shown on record. **\$68,451.00**

10. Amount of Capital Contributions in FLORIDA to date. **\$2,000.00**

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 # NAME STREET ADDRESS CITY - ST - ZIP	404861 MITCHELL BROTHERS, INC. 3800 AIRPORT BLVD., SUITE 301 MOBILE AL 36608	STREET ADDRESS CITY - ST - ZIP	mf 3/22/00
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS CITY - ST - ZIP	700003154267--6 -02/28/00--01132--001 *****105.00 *****52.50
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS CITY - ST - ZIP	700003154267--6 -03/24/00--01122--021 *****88.75 *****88.75
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS 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: **X** **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date **2/18/2000** Daytime Phone # **(934) 344-3800**

Mayer Mitchell - President of

01/11/00
A
CR2E003 (9/99)