

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A97000000904**

1. Entity Name

**DOXEY FAMILY LIMITED PARTNERSHIP**

Principal Place of Business  
**123 SOUTH PALAFOX PLACE  
PENSACOLA FL 32501**

Mailing Address  
**P.O. BOX 13464  
PENSACOLA FL 32591-3464**

**FILED**

**01 JUL 23 AM 8:47**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3440372**

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

**DOXEY, WILLIAM A (DECEASED)  
4565 PILGRAM TRAIL  
MOLINO FL 32577**

Name  
**NORMA JEAN DOXEY**

Street Address (P.O. Box Number is Not Acceptable)  
**4565 Pilgram Trail**

City  
**Molino**

FL

Zip Code  
**32577**

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

*Norma Jean Doxey*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**x (5/5/2001)**

DATE

9. Capital Contributions as Shown on record.

**\$3,240,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

**\$1,358,257.00**

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

STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DOXEY, NORMA JEAN  
4565 PILGRAM TRAIL  
MOLINO FL 32577**

STREET ADDRESS  
CITY-ST-ZIP

**200004500262-1  
-07/26/01--01072-012  
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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: *Norma Jean Doxey*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**4-7-01**

Date

Daytime Phone #

0018089 AF

CR2E003 (11/00)