

2002 UNIFORM BUSINESS REPORT (UBR)

0007189 AT

DOCUMENT # **A97000000904**

FILED

02 MAR -7 AM 9:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**



2. Principal Place of Business

121 S. PALAFOX PLACE
Suite, Apt. #, etc.

3. Mailing Address

121 S. PALAFOX PLACE
Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City, & State

PENSACOLA FL.

City & State

PENSACOLA FL.

4. FEI Number

59-3440372

Applied For

Not Applicable

Zip

Country

Zip

32501

Country

Escambia

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**DOXEY, NORMA JEAN
4565 PILGRAM TRAIL
MOLINO FL 32577**

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

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

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

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

13. ADDRESS CHANGES ONLY

STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	400005099464--5
CITY-ST-ZIP	-03/13/02-01031-035 *****526.25 *****526.25
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
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:

Norma Jean Doxey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/5/02
Date

(850) 587-3262
Daytime Phone #

CR2E003 (9/01)

STAPLE CHECK HERE