

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A97000000904**

1. Entity Name
DOXEY FAMILY LIMITED PARTNERSHIP



Principal Place of Business
**121 S. PALAFOX PLACE
PENSACOLA FL 32501**

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

FILED
Feb 12, 2003 8:00 A.M
Secretary of State

2. Principal Place of Business
121 Palafox Place, Suite C

3. Mailing Address
121 Palafox Place, Suite C

Suite, Apt. #, etc.
Suite C

Suite, Apt. #, etc.
Suite C

DUE BY MAY 1, 2003

City & State
Pensacola, FL 32501

City & State
Pensacola, FL 32501

4. FEI Number **59-3440372**

Applied For

Not Applicable

Zip
32501

Country
USA

Zip
32501

Country
USA

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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 FL. 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**

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

500012326075
02/11/03--01093--021 **526.25

CR2E003 (10/02)

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

2/6/03

Date

(850) 587-3262

Daytime Phone #