

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A99000001331

1. Entity Name

OCEAN VILLA OF PANAMA CITY BEACH, LIMITED PARTNE

Principal Place of Business

Mailing Address

10625 Front Beach Road P.O. Box 9245  
Panama City Beach, FL 32407 Panama City Beach,  
FL 32417

2. Principal Place of Business

10625 Front Beach Rd

3. Mailing Address

P.O. Box 9245

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Panama City Bch, FL

City & State

Panama City Bch, FL

4. FEI Number

62-1787-447

Applied For

Not Applicable

Zip

Country

32407

USA

Zip

Country

32417

USA

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

Michael A Scott, CPA  
1000 West 11th Street  
Panama City, FL 32401

7. Name and Address of New Registered Agent --

Name

Michael A Alvis

Street Address (P.O. Box Number is Not Acceptable)

10625 Front Beach Rd

City

Panama City BEach

FL

Zip Code

32407

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

04-26-01

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.

10,000.00

10. Amount of Capital Contributions

in FLORIDA to date.

10,000.00

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

DOCUMENT # A99000001331  
NAME J. Paul Alvis  
STREET ADDRESS 120 Eastwood Dr.  
CITY-ST-ZIP Headland, AL 36345

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

200004417862--0

06/13/01 01053-026

\*\*\*167.50 \*\*\*167.50

DOCUMENT #

NAME

STREET ADDRESS

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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:

*J. Paul Alvis*

04-26-01

334-693-5142

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (11/00)