

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B97000000519

1. Entity Name
MITCHELL/UNIVERSITY APARTMENTS, LTD.



FILED

03 APR 18 PM 1:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
41 NORTH BELTLINE HIGHWAY
3RD FLOOR, COLONIAL BANK CENTRE
MOBILE AL 33608-1201

Mailing Address
P. O. BOX 160306
MOBILE AL 33616

2. Principal Place of Business
41 W. I-65 Service Road, N.
Suite, Apt. #, etc.
3rd Floor - Colonial Bank Centre

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

DUE BY MAY 1, 2003

City & State
Mobile, AL

City & State

4. FEI Number 72-1389684

Applied For
☒ Not Applicable

Zip
36608-1201

Country
USA

Zip

Country

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

CAMPUS, JOSEPH J III
3298 SUMMIT BLVD., #18
PENSACOLA FL 32503

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 *Joseph J. Campus*
Signature, typed or printed name of registered agent and title if applicable.

4/4/03
DATE

9. Capital Contributions
as Shown on record. \$502,409.50

10. Amount of Capital Contributions \$502,409.50
in FLORIDA to date.

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

13. ADDRESS CHANGES ONLY

DOCUMENT # F93000000581
NAME THE MITCHELL COMPANY, INC.
STREET ADDRESS 41 NORTH BELTLINE HIGHWAY
CITY-ST-ZIP MOBILE AL 33608-1201

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
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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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/7/03
Date

Daytime Phone #

CR2E003 (10/02)

0000270 MB