

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A96000000524

1. Entity Name
WOOD STREET LIMITED

Principal Place of Business
**786 SOUTH ORANGE AVENUE
SARASOTA FL 34236**

Mailing Address
**786 SOUTH ORANGE AVENUE
SARASOTA FL 34236-7718**

FILED

00 MAR 23 PM 3:00

SECRETARY OF STATE



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.

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

City & State

City & State

4. FEI Number **65-0652610**

Applied For
Not Applicable

Zip Country

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

**PFLUGNER, J G
2033 MAIN STREET, SUITE 101
SARASOTA FL 34237**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. **\$1,095,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

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 # **P96000023719**
NAME **WOOD STREET CORPORATION**
STREET ADDRESS **786 SOUTH ORANGE AVENUE**
CITY - ST - ZIP **SARASOTA FL 34236**

STREET ADDRESS
CITY - ST - ZIP
STREET ADDRESS **800003198028--9**
CITY - ST - ZIP **-04706700--01047--016**
*****526.25 ***526.25**

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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: T. P. F. WOOD STREET CORP. 1-21-2000 941-951-6221
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/99)