

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A99000000352**

1. Entity Name  
**FWB INVESTMENTS, LTD.**



FILED

**18 MAR 20 AM 10:22**

CLERK OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
**1001 NORTH ORLANDO AVENUE  
WINTER PARK FL 32789**

Mailing Address  
**1001 NORTH ORLANDO AVENUE  
WINTER PARK FL 32789**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**DUE BY MAY 1, 2003**

City & State

City & State

4. FEI Number **59-3561441**

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

**BRYAN, F. WILLIAM II  
1001 NORTH ORLANDO AVENUE  
WINTER PARK FL 32789**

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. **\$448,000.00**

10. Amount of Capital Contributions 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 # **H36465**  
NAME **F.W.B. LEASING, INC.**  
STREET ADDRESS **1001 NORTH ORLANDO AVENUE**  
CITY-ST-ZIP **WINTER PARK FL 32789**

STREET ADDRESS

CITY-ST-ZIP

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**400013687904**  
**03/07/03 01031-008 \*\*526.25**

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

**02/26/02 (407) 628-4343**  
Date Daytime Phone #

32E003 (10/02)