

2001 UNIFORM BUSINESS REPORT (UBR)

0006137 AF

DOCUMENT # **A00000000159**

1. Entity Name

WLD DUNDEE, LTD.

FILED

01 MAY -7 PM 5:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

**450 EAST LAS OLAS BLVD., SUITE 900
FT. LAUDERDALE FL 33301**

Mailing Address

**450 EAST LAS OLAS BLVD., SUITE 900
FT. LAUDERDALE FL 33301**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0976695

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BURTON, F. MELVIN

**450 EAST LAS OLAS BLVD., SUITE 900
FT. LAUDERDALE FL 33301**

7. Name and Address of New Registered Agent

Name **David W. Horvitz**

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

450 East Las Olas Boulevard, Suite 900

City **Ft. Lauderdale**

FL

Zip Code

33301

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

[Signature]

David W. Horvitz

4/26/01

Signature, typed or printed name of registered agent and title if applicable.

(NOT: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$0.00

10. Amount of Capital Contributions
in FLORIDA to date.

252,837.00

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 # **P00000006647**
NAME **WLD DUNDEE, INC.**
STREET ADDRESS **450 EAST LAS OLAS BLVD., SUITE 900**
CITY-ST-ZIP **FT. LAUDERDALE FL 33301**

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13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

FF \$526.25

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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]
MANAGING PARTNER OF GP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/26/01

Date

Daytime Phone #

CR2E003 (11/00)