

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A00000000222

1. Entity Name

WATERLAND OPERATING COMPANY, L.P.

FILED

01 JUL 05 AM 8:47

Principal Place of Business

5450 CAMINO REAL LANE
VERO BEACH FL 32967

Mailing Address

5450 CAMINO REAL LANE
VERO BEACH FL 32967

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

5470 CAMINO REAL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY SEPTEMBER 26, 2001

City & State

VERO BEACH FL

4. FEI Number

06-1289127

Applied For

Not Applicable

Zip

Country

Zip

Country

32967

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

SULLIVAN JR, WILLIAM H
5450 CAMINO REAL LANE
VERO BEACH FL 32967

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

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.

\$500,000.00

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 # F00000000628
NAME WATERLAND MANAGEMENT CO.
STREET ADDRESS 5450 CAMINO REAL LANE
CITY-ST-ZIP VERO BEACH FL

STREET ADDRESS

CITY-ST-ZIP

600004509736--1

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

7/8/2001 561-978-028

Date

Daytime Phone #

0002194 AT

CR2E003 (5/01)

STAPLE CHECK HERE