

# 2002 UNIFORM BUSINESS REPORT (UBR)

0008850  
AT

DOCUMENT # A00000000222

1. Entity Name

WATERLAND OPERATING COMPANY, L.P.

FILED

02 JAN 14 AM 10:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

5450 CAMINO REAL LANE  
VERO BEACH FL 32967

Mailing Address

5470 CAMINO REAL  
VERO BEACH FL 32967

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

VERO BEACH FL  
32967

Country

USA

City & State

Zip

Country

DUE BY MAY 1, 2002

4. FEI Number

06-1289127

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

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

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

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

500004778685--5

-01/16/02--01075--007

\*\*\*526.25 \*\*\*526.25

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

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CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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

1/8/2002 561-978-0028

Date

Daytime Phone #

CR2E003 (9/01)