

2001 UNIFORM BUSINESS REPORT (UBR)

UJ13163 AF

DOCUMENT # A00000000770

1. Entity Name

WR HOLDINGS LTD.

FILED

Principal Place of Business

1237 SOUTHWEST BLUE STEM WAY
STUART FL 34997

Mailing Address

1237 SOUTHWEST BLUE STEM WAY
STUART FL 34997

01 JAN 16 PM 11:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[Handwritten signature]



2. Principal Place of Business

3. Mailing Address

7860 PETERS RD

Suite, Apt. #, etc.
STE F 104

Suite, Apt. #, etc.

City & State
PLANTATION FL.

City & State
FL.

4. FEI Number
654016554

Applied For
Not Applicable

DO NOT WRITE IN THIS SPACE

Zip
33324

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

ARMOUR, ALAN I II
NASON YEAGER GERSON WHITE & LIOCE PA
1645 PALM BEACH LAKES BLVD SUITE 1200
WEST PALM BEACH FL 33401

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

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 # P00000046538
NAME WR INC.
STREET ADDRESS 1237 SOUTHWEST BLUE STEM WAY
CITY-ST-ZIP STUART FL 34997

STREET ADDRESS

CITY-ST-ZIP

WR INC. 7860 PETERS RD. STE F 104
PLANTATION FL. 33324

DOCUMENT #
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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:

[Handwritten signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1/10/01 954.423.4325
Date Daytime Phone #

CR2E003 (10)