

2002 UNIFORM BUSINESS REPORT (UBR)

00139 AI

DOCUMENT # A00000001560

1. Entity Name

WGP LIMITED PARTNERSHIP

FILED

02 JAN 15 AM 10:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

3521 BONITA BAY BLVD
BONITA SPRINGS FL 34134

Mailing Address

3521 BONITA BAY BLVD
BONITA SPRINGS FL 34134

2. Principal Place of Business

27300 Riverview Ctr Blvd

3. Mailing Address

27300 Riverview Ctr Blvd

Suite, Apt. #, etc.

201

Suite, Apt. #, etc.

201

City & State

Bonita Springs FL

City & State

Bonita Springs FL

Zip

34134

Country

Lee

Zip

34134

Country

Lee

DUE BY MAY 1, 2002

4. FEI Number

59-3700146

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PRICE, R. SCOTT

2640 GOLDEN GATE PARKWAY, SUITE 115
NAPLES FL 34105

7. Name and Address of New Registered Agent

Name

SCOTT PRICE

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

CHEFFY, DASSIDHO WILSON & JOHNSON

821 Fifth Ave South, #201

City

Naples FL

FL

Zip Code

34102

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.

\$49,500.00

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 #
NAME PRICE, WILLIAM G JR
STREET ADDRESS 27300 RIVERVIEW CENTER BLVD. 2ND FLOOR
CITY-ST-ZIP BONITA SPRINGS FL 34134

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

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

1/11/02

941-992-8940

Date

Daytime Phone #

CR2E003 (9/01)