

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A01000000160

1. Entity Name

WCA FAMILY LIMITED PARTNERSHIP, LLLP

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 APR 12 PM 3: 11

Principal Place of Business

3946 MCGIRTS AVENUE Blvd
JACKSONVILLE FL 32210

Mailing Address

3946 MCGIRTS AVENUE Blvd.
JACKSONVILLE FL 32210



2. Principal Place of Business

3. Mailing Address

P.O. Box 17, Ortega Station

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State

City & State

Jacksonville, FL

4. FEI Number

59-3727478

Applied For

Not Applicable

Zip

Country

Zip

Country

32210-0012

USA

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

PARHAM, WILLIAM H JR

3946 MCGIRTS AVENUE Blvd
JACKSONVILLE FL 32210

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.

\$42,500.00

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

13. ADDRESS CHANGES ONLY

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
PARHAM, WILLIAM H JR.
3946 MCGIRTS AVENUE Blvd.
JACKSONVILLE FL 32210

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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

Date

Daytime Phone #

904 598-7641

CP2E003 (9/01)