

# LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A02000001662

1. Entity Name

WOOLBRIGHT TEQUESTA, LTD.



FILED

2003 JUN 13 PM 3:14

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

3. Mailing Address

40 WOOLBRIGHT ID FLORIDA, INC. 40 WOOLBRIGHT ID FLORIDA, INC.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4800 N. FEDERAL HWY, STE 108D

4800 N. FEDERAL HWY, STE 108D

City & State

City & State

BOCA RATON, FL

BOCA RATON, FL

Zip

Country

Zip

Country

33431

USA

33431

USA

DO NOT WRITE IN THIS SPACE

DUE BY MAY 1

4. FEI Number

Applied For

65-1167569

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

HOLTON, PETER S. ESQ.

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

40 JONES, FOSTER, JOHNSON & STUBBS, P.A.

505 S. FLAGLER DR. STE 1100

City

WEST PALM BEACH

FL

Zip Code

33401

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. I am familiar with, and accept the obligations of registered agent

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

DATE

9. Capital Contributions  
as Shown on record.

100,000.00

10. Amount of Capital Contributions  
in FLORIDA to date.

30,000.00

11. MAKE CHECK PAYABLE TO FL. 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 # PO2000131549  
NAME WOOLBRIGHT ID FLORIDA, INC.  
STREET ADDRESS 4800 N. FEDERAL HWY, STE 108D  
CITY-ST-ZIP BOCA RATON, FL 33431

STREET ADDRESS

CITY-ST-ZIP

900018298049

STREET ADDRESS

CITY-ST-ZIP

15/05/03--01053--029 \*\*298.75

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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:

*Michael Fumiani* 4/28/03 954409

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003B (12/02)