

2001 UNIFORM BUSINESS REPORT (UBR)

0012059 AF

DOCUMENT # A09917

1. Entity Name
WEIGLE FAMILY ASSOCIATES LTD.

Principal Place of Business
320 SOUTH BONITA AVE.
PANAMA CITY FL 32401

Mailing Address
320 SOUTH BONITA AVE.
PANAMA CITY FL 32401

FILED
01 APR 12 PM 12:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number 59-2034372

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
WEIGLE, LINDA A.
320 SOUTH BONITA AVE
PANAMA CITY FL 32401

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 _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

9. Capital Contributions as Shown on record. \$188,419.00 **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 #	WEIGLE, SAMUEL C.	STREET ADDRESS	
NAME	320 SOUTH BONITA	CITY-ST-ZIP	
STREET ADDRESS	PANAMA CITY FL		
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	500004045365--1
NAME		CITY-ST-ZIP	04/23/01--01158--025
STREET ADDRESS			****535.00 ****535.00
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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: SAMUEL C. WEIGLE **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER** **04/09/01** **8507637679**
Date Daytime Phone #

CR2E003 (11/00)