

2001 UNIFORM BUSINESS REPORT (UBR)

0018186 AF

DOCUMENT # A18775

1. Entity Name

WDR LIMITED PARTNERSHIP

FILED

mf

Principal Place of Business

1310 COBB LANE
BIRMINGHAM AL 35205

Mailing Address

1310 COBB LANE
BIRMINGHAM AL 35205

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

200 Union Hill Dr

3. Mailing Address

200 Union Hill Dr.

Suite, Apt. #, etc.

St. 100

Suite, Apt. #, etc.

St. 100

City & State

Birmingham, AL.

City & State

Birmingham, AL.

Zip

35209

Country

USA

Zip

35209

Country

USA

4. FEI Number

63-0890535

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BODNAR, MIKE
503 OSCEOLA DRIVE
DESTIN FL 32541

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

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

(NOTE: Registered Agent signature required when reinstating)

1/15/01

9. Capital Contributions
as Shown on record.

\$36,000.00

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 # F98000002120
NAME BODNAR INVESTMENT GROUP, INC.
STREET ADDRESS 1310 COBB LANE
CITY-ST-ZIP BIRMINGHAM AL 35205

13. ADDRESS CHANGES ONLY

STREET ADDRESS 200 Union Hill Dr. Ste 100
CITY-ST-ZIP Birmingham, AL. 35209

DOCUMENT #
NAME
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1/15/01

Date

871-8885

Daytime Phone #

CR2E003 (11/00)