

2001 UNIFORM BUSINESS REPORT (UBR)

0019992 AB

DOCUMENT # A18810

1. Entity Name

WINSTON PARK LTD.

FILED

Principal Place of Business

P.O. BOX 1825

MIDDLEBURG VA 20118-1825

Mailing Address

P.O. BOX 1825

MIDDLEBURG VA 20118-1825

01 MAY -1 PM 12:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

52-1372859

Applied For

Not Applicable

Zip

Country

Zip

Country

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

MUSS, JOSHUA A

13950 NW 4TH ST., APT. 20

PEMBROKE PINES FL 33028

Name

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

1584 SW 159TH AVE

City

PEMBROKE PINES

FL

Zip Code

33027

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)

DATE

9. Capital Contributions
as Shown on record.

\$300.00

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

MUSS, JOSHUA A.

STREET ADDRESS

13950 NW 4TH ST., APT. 20

CITY-ST-ZIP

PEMBROKE PINES FL 33028

STREET ADDRESS

PO BOX 1825

CITY-ST-ZIP

MIDDLEBURG, VA. 20118

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (11/00)