

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A21258**

1. Entity Name

EMERALD FALLS LIMITED

Principal Place of Business

Mailing Address

% GARY WAKSTEIN
4412 DELWOOD LANE
PANAMA CITY BEACH FL 32408

% GARY WAKSTEIN
4412 DELWOOD LANE
PANAMA CITY BEACH FL 32408

2. Principal Place of Business

3. Mailing Address

204 A Ellen Lane

204 A Ellen Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Panama City Beach, FL

Panama City Beach, FL

Zip

Country

Zip

Country

32408

32408

4. FEI Number

59-2613355

Applied For

Not Applicable

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

WAKSTEIN, GARY
4412 DELWOOD LANE
PANAMA CITY BEACH FL 32408

Name

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

204 A Ellen Lane

City

Panama City Beach

FL

Zip Code

32408

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.

\$990.00

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
WAKSTEIN, GARY
4412 DELWOOD LANE
PANAMA CITY BCH FL

STREET ADDRESS

204 A Ellen Lane

CITY - ST - ZIP

Panama City Beach, FL 32408

DOCUMENT #
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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 #

FILED

01 APR 23. PM 12:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

SIGNATURE: GARY WAKSTEIN

3-7-01

850-234-6112