2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A26038

1. Entity Name

THE WILBUR PARTNERSHIP, LTD.

FILED
02 APR 19 PM 1:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
145 N. SPRING TRAIL
ALTAMONTE SPRINGS FL 32714

Mailing Address
C/O RICHARD A. SUGAR
30 N LA SALLE ST STE 2600
CHICAGO IL 60602

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

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

DUE BY MAY 1, 2002

4. FEI Number 58-1774890 | Applied For | Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ADLER, LEE
145 NORTH SPRING TRAIL
ALTAMONTE SPRINGS FL 32714

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. DATE

9. Capital Contributions as Shown on record. $346.50

10. Amount of Capital Contributions in FLORIDA to date. $346.50

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 #		STREET ADDRESS	
NAME	ADLER, LEE		
STREET ADDRESS	145 N. SPRING TRAIL	CITY-ST-ZIP	
CITY-ST-ZIP	ALTAMONTE SPRGS FL		
DOCUMENT #		STREET ADDRESS	800005335188--7
NAME	ADLER, MARLENE		-04/30/02--01061--016
STREET ADDRESS	145 N. SPRING TRAIL	CITY-ST-ZIP	****141.25 ****141.25
CITY-ST-ZIP	ALTAMONTE SPRGS FL		
DOCUMENT #		STREET ADDRESS	
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STREET ADDRESS		CITY-ST-ZIP	
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 RECEIVED 4/12/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER | Date | Daytime Phone #

CR2E003 (9/01)

001683 7 AT