

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A30292

1. Entity Name

WETHERBEE ACRES, LTD.

FILED

00 FEB 11 PM 3:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

255 SOUTH ORANGE AVENUE, 10TH FLOOR
ORLANDO FL 32802

Mailing Address

P.O. BOX 231
ORLANDO FL 32802-0231

2. Principal Place of Business

Attn: George T. Eidson, Jr.
Suite, Apt. #, etc.
255 S. Orange Ave., Suite 1700

3. Mailing Address

Attn: George T. Eidson, Jr.
Suite, Apt. #, etc.
P.O. Box 231

City & State

Orlando, FL

City & State

Orlando, FL

Zip

32801

Country

USA

Zip

32802-0231

Country

USA

4. FEI Number

59-3030897

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

EIDSON, GEORGE T., JR.
2414 E. CENTRAL BLVD.
ORLANDO FL 32803

7. Name and Address of New Registered Agent

Name George T. Eidson, Jr.
Street Address (P.O. Box Number is Not Acceptable)
255 S. Orange Avenue, Suite 1700
City Orlando FL Zip Code 32801

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.

\$1,061,235.34

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 #
NAME EIDSON, GEORGE T., JR.
STREET ADDRESS 2414 E. CENTRAL BLVD.
CITY - ST - ZIP ORLANDO FL 32806

13. ADDRESS CHANGES ONLY

STREET ADDRESS 255 S. Orange Ave., Suite 1700
CITY - ST - ZIP Orlando, FL 32801

DOCUMENT #
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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

1/26/00

407-419-8521

Date

Daytime Phone #

CR2E003 (9/99)