

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A93000000947**

1. Entity Name

WELLCORP A INVESTORS, LTD.

Principal Place of Business

**222 LAKEVIEW AVE., 17TH FLOOR
WEST PALM BEACH FL 33401**

Mailing Address

**222 LAKEVIEW AVE., 17TH FLOOR
WEST PALM BEACH FL 33401**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0436724

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

REGSERV CORP.

**222 LAKEVIEW AVE., 17TH FLOOR
WEST PALM BEACH FL 33401**

REGSERV CORP.

**Gardens Corporate Center
3801 PGA Boulevard, Suite 555
Palm Beach Gardens, FL 33410**

FL Zip Code

8. By: **REGSERV CORP.**

By: *Lawrence B. Juran, Jr. President*

SIG

registered office or registered agent, or both, in the State of Florida.

Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$1,000.00

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

13. ADDRESS CHANGES ONLY.

DOCUMENT # **P93000064450**
NAME **WELLCORP A EQUITY CORPORATION**
STREET ADDRESS **222 LAKEVIEW AVE., 17TH FLOOR**
CITY-ST-ZIP **WEST PALM BEACH FL 33401**

STREET ADDRESS **Gardens Corporate Center**
CITY-ST-ZIP **3801 PGA Boulevard, Suite 555
Palm Beach Gardens, FL 33410**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Patrick I DiSalvo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Patrick I DiSalvo
Vice President

1/30/01 (561)630-5055
Date Daytime Phone #

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 FEB 16 PM 1:16



DO NOT WRITE IN THIS SPACE

MJH

0000210 AF

CR2E003 (11/00)