

2001 UNIFORM BUSINESS REPORT (UBR)


0010331 AF

DOCUMENT # A93000001162
1. Entity Name WESTSIDE RIDGE, LTD.

Principal Place of Business 5015 SOUTH FLORIDA AVENUE, #200 LAKELAND FL 33813	Mailing Address P.O. BOX 5252 LAKELAND FL 33807
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

FILED
01 JUN 15 PM 12:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3214604	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent	
MCFARLANE, PETER A. ESQ. C/O PETER A. MCFARLANE, P.A. 5015 SOUTH FLORIDA AVE. #215 LAKELAND FL 33813	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. \$10,000.00

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 # F77249	NAME A.T.A. PROPERTIES, INC.	STREET ADDRESS	
STREET ADDRESS 5015 S. FLORIDA AVE., #200		CITY-ST-ZIP	
CITY-ST-ZIP LAKELAND FL 33813		STREET ADDRESS	900004433379--8
DOCUMENT #		CITY-ST-ZIP	-06/21/01--01004--013
NAME		STREET ADDRESS	****167.50 ****167.50
STREET ADDRESS		CITY-ST-ZIP	
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NAME		STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP		STREET ADDRESS	

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:  **4/30/01** **8636471581**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER
LAWRENCE T. MAXWELL

Date Daytime Phone #

CR2E003 (11/00)