

2002 UNIFORM BUSINESS REPORT (UBR)

0014300 AT

DOCUMENT # A93000001162

1. Entity Name

WESTSIDE RIDGE, LTD.

FILED

02 MAY -1 PM 6:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

5015 SOUTH FLORIDA AVENUE, #200
LAKELAND FL 33813

Mailing Address

P.O. BOX 5252
LAKELAND FL 33807



2. Principal Place of Business

500 S. Florida Ave

3. Mailing Address

Suite, Apt. #, etc.

Suite 700

DUE BY MAY 1, 2002

City & State

Lakeland FL

City & State

4. FEI Number

59-3214604

Applied For

Not Applicable

Zip

Country

Zip

Country

33801

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

McFARLANE, PETER A. ESQ.
C/O PETER A. McFARLANE, P.A.
5015 SOUTH FLORIDA AVE. #215
LAKELAND FL 33813

Name

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

500 S. Florida Ave

Suite 715

City

Lakeland

FL

Zip Code

33801

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.

\$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 5015 S. FLORIDA AVE., #200
CITY-ST-ZIP LAKELAND FL 33813

STREET ADDRESS 500 S. Florida Avenue Suite 700
CITY-ST-ZIP Lakeland FL 33801

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

PA - 70.00
88.75
8.75

BK

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

167.50

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

500005538225-0
-05/15/02--01064--029
****167.50 ****167.50

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: Kim A. Kelley

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/30/02

Date

863-647-1581

Daytime Phone #

CR2E003 (9/01)