

# 2002 UNIFORM BUSINESS REPORT (UBR)

0002122 AB

DOCUMENT # **A93000001268**

1. Entity Name

**WHITEHALL PROPERTIES OF SOUTHWEST FLORIDA, LTD.**

Principal Place of Business

Mailing Address

**15725 TAMiami TRAIL NORTH  
NAPLES FL 34110**

**15725 TAMiami TRAIL NORTH  
NAPLES FL 34110**

FILED

02 AUG -5 AM 10:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**DUE BY SEPTEMBER 25, 2002**

4. FEI Number **65-0458246**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**GEBHARDT, ROBERT C  
5801 PELICAN BAY BLVD., STE. 300  
NAPLES FL 34103**

Name **ROBERT H. FLINN**

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

**15725 TAMiami TRAIL NORTH**

City **NAPLES**

**FL**

Zip Code **34110**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

**31 July 2002**  
DATE

9. Capital Contributions  
as Shown on record.

**\$70,000.00**

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 # **P93000039686**  
NAME **ECO PROPERTIES OF SOUTHWEST FLORIDA, INC.**  
STREET ADDRESS **15725 NORTH TAMiami TRAIL**  
CITY-ST-ZIP **NAPLES FL 34110**

STREET ADDRESS

CITY-ST-ZIP

**700006951667--5**

**-08/07/02-01064-029**

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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**31 July 2002**  
Date

Daytime Phone #

CR2E003 (4/02)