

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A95000000251**

1. Entity Name

RIVER WILDERNESS ASSOCIATES LIMITED

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAY 18 PM 1:33

Principal Place of Business

2600 DOUGLAS RD.
STE. 803
CORAL GABLES FL 33134

Mailing Address

2600 DOUGLAS RD.
STE. 803
CORAL GABLES FL 33134-6149

2. Principal Place of Business

3. Mailing Address

One Wilderness Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Parrish FL

City & State

Zip

34219

Country

Zip

Country

4. FEI Number

65-0556464

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

WADE CAPITAL, INC.

2600 DOUGLAS RD., #803

CORAL GABLES FL 33134

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

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.

\$5,626,236.00

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 # **P95000013023**
NAME **WADE CAPITAL, INC.**
STREET ADDRESS **2600 DOUGLAS RD., #803**
CITY - ST - ZIP **CORAL GABLES FL 33134**

STREET ADDRESS

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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

William G. Vernon, Pres
SIGNATURE REQUIRED
Date

4/28/00
Daytime Phone # **305-478-1020**



DO NOT WRITE IN THIS SPACE