

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A95000000581**

1. Entity Name:

PAGE W, LTD.

FILED

00 FEB -7 PM 4:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

3848 W. MADURA RD.  
GULF BREEZE FL 32561

Mailing Address

3848 W. MADURA RD.  
GULF BREEZE FL 32561-3560

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3328647

Applied For

Not Applied For

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

WARD, RONALD E.  
1352 STERLING PT DR.  
GULF BREEZE FL 32561

Name

WARD, RONALD E.

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

3848 W. MADURA RD.

GULF BREEZE

FL

32561

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.

\$500.00

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

DOCUMENT #  
NAME: WARD, RONALD E  
STREET ADDRESS: 3848 W. MADURA RD.  
CITY - ST - ZIP: GULF BREEZE FL 32561

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ADDRESS CHANGES ONLY  
300003120243-4  
-02/08/00--01120--028  
\*\*\*\*141.25 \*\*\*\*141.25

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 the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

RONALD E. WARD  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1 FEB. 2000

Date

850 934 8911

Daytime Phone #