

2000 UNIFORM BUSINESS REPORT (UBR)

11/19/00

DOCUMENT # A95000000955

1. Entity Name
WOODFIELD, LTD.

FILED

00 APR 13 PM 2:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
12421 NORTH FLORIDA AVENUE, SUITE C-220
TAMPA FL 33612

Mailing Address
12421 NORTH FLORIDA AVENUE, SUITE C-220
TAMPA FL 33612-4260

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip **Country**

4. FEI Number 65-0600418

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

Applied For
Not Applicable

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
WOODFIELD CORPORATION
12421 NORTH FLORIDA AVENUE, SUITE C-220
TAMPA FL 33612

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. \$2,000,000.00 **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

DOCUMENT #	P95000039981
NAME	WOODFIELD CORPORATION
STREET ADDRESS	12421 NORTH FLORIDA AVENUE, SUITE C-220
CITY - ST - ZIP	TAMPA FL 33612
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
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CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDRESS CHANGES ONLY

STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	0000003219750--1
CITY - ST - ZIP	-04/24/00--01030--027
STREET ADDRESS	***535.00 ***535.00
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
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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: SIGNATURE REQUIRED **4/11/2000** **935-8361**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CP2E003 (9/99)