

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A95000001570

1. Entity Name
RUTH S. WEDGWORTH EDUCATION PARTNERSHIP, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAY -1 PM 12:06



Principal Place of Business **Mailing Address**
651 NW 9th. STREET PO BOX 2076
BELLE GLADE, FL 33430 BELLE GLADE, FL 33430

2. Principal Place of Business **3. Mailing Address**
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State **City & State**

Zip **Country** **Zip** **Country**

4. FEI Number
65-0611081 **Applied For**
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
MCCRACKEN, JOHN B.
505 S. FLAGLER DR., SUITE 1100
WEST PALM BEACH, FL 33402

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

9. Capital Contributions as Shown on record: \$792,779.00 **10. Amount of Capital Contributions** in FLORIDA to date: _____

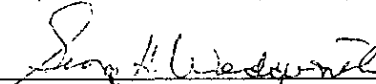
11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

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 STREET ADDRESS CITY-ST-ZIP	BOYNTON, HELEN JEAN 3410 N. FLAGLER DRIVE WEST PALM BEACH, FL 33407
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	OETZMAN, BARBARA WEDGWORTH 1071 FAIRVIEW LANE RIVIERA BEACH, FL 33404
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	WEDGWORTH, GEORGE H 2123 E. CANAL ST. S. BELLE GLADE, FL 33430
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	200003279132--7
CITY-ST-ZIP	-06/06/00--01112--003 ****526.25 ****526.25
STREET ADDRESS	
CITY-ST-ZIP	
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:  **DATE:** 04-27-00 **DAYTIME PHONE #:** 561-996-2076
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

GEORGE H. WEDGWORTH

CR2E003 (9/97)