

2002 UNIFORM BUSINESS REPORT (UBR)

0011995 AT

DOCUMENT # A95000001570

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

FILED

02 APR 29 PM 4: 36

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



Principal Place of Business Mailing Address

651 NW 9TH STREET **P.O. 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

DUE BY MAY 1, 2002

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

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

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 _____ 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 33430 |
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP | OETZMAN, BARBARA WEDGWO 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 | 900005505339--2 |
| CITY-ST-ZIP | -05/13/02-01016-024 ***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: *[Signature]* **04-24-02**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/01)

STAPLE CHECK HERE