

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0012122 AT

DOCUMENT # A95000001570

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



FILED

03 MAR 14 PM 4:08

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

| | |
|--|--|
| Principal Place of Business 651 NW 9TH STREET BELLE GLADE FL 33430 | Mailing Address P.O. BOX 2076 BELLE GLADE FL 33430 |
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| | |
|--------------------------------|---------------------|
| 2. Principal Place of Business | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip | Country |

DUE BY MAY 1, 2003

| | |
|---------------------------------|----------------|
| 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. I am familiar with, and accept the obligations of registered agent.

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 FL. 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 | | | | | | | | | | | | | | |
|--|--------------------------------------|--|------|--------------------------------|----------------|------------------------------|-------------|---------------------------------|--|----------------|--|-------------|---------------------|--|--------------------------------------|
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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]* **SIGNATURE REQUIRED** **03-07-03** **561-996-2076**

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

CFR2E003 (10/02)