

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A96000000524

1. Entity Name

WOOD STREET LIMITED

Principal Place of Business  
786 SOUTH ORANGE AVENUE  
SARASOTA FL 34236

Mailing Address  
786 SOUTH ORANGE AVENUE  
SARASOTA FL 34236-7718

FILED

00 MAR 23 PM 3:00

SECRETARY OF STATE



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0652610

Applied For  
Not Applicable

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

PFLUGNER, J G  
2033 MAIN STREET, SUITE 101  
SARASOTA FL 34237

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

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. \$1,095,000.00

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

13. ADDRESS CHANGES ONLY

DOCUMENT # P96000023719  
NAME WOOD STREET CORPORATION  
STREET ADDRESS 786 SOUTH ORANGE AVENUE  
CITY - ST - ZIP SARASOTA FL 34236

STREET ADDRESS

CITY - ST - ZIP

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STREET ADDRESS  
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STREET ADDRESS

CITY - ST - ZIP

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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:

T. C. WOOD STREET CORP.

1-21-2000

941-951-6222

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/99)