

2002 UNIFORM BUSINESS REPORT (UBR)

0015524 AT

DOCUMENT # A96000001146

1. Entity Name

THE WENTZEL FAMILY LIMITED PARTNERSHIP

FILED

2002 APR 12 PM 4:57

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



Principal Place of Business

3641 BENEVA WOODS RD.
SARASOTA FL 34233

Mailing Address

3641 BENEVA WOODS RD.
SARASOTA FL 34233

2. Principal Place of Business

4963 Sabal Lake Circle

3. Mailing Address

4963 Sabal Lake Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

34238

Country

Zip

34238

Country

DUE BY MAY 1, 2002

4. FEI Number

65-0677268

Applied For

Not Applicable

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

WENTZEL, EDWIN JR.

3641 BENEVA WOODS RD.
SARASOTA FL 34233

Name

Street Address (P.O. Box Number is Not Acceptable)

4963 Sabal Lake Circle

City

FL

Zip Code

34238

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.

DATE

9. Capital Contributions
as Shown on record.

\$5,000,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

5,000,000.00

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 #
NAME EDWIN WENTZEL, JR., TRUSTEE
STREET ADDRESS 3641 BENEVA WOODS RD.
CITY-ST-ZIP SARASOTA FL 34233

STREET ADDRESS 4963 Sabal Lake Circle
CITY-ST-ZIP Sarasota, FL 34238

DOCUMENT #
NAME RITA WENTZEL, TRUSTEE
STREET ADDRESS 3641 BENEVA WOODS RD.
CITY-ST-ZIP SARASOTA FL 34233

STREET ADDRESS 4963 Sabal Lake Circle
CITY-ST-ZIP Sarasota, FL 34238

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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
RITA WENTZEL
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

March 13, 2002
Date Daytime Phone #

CR2E003 (9/01)