

2001 UNIFORM BUSINESS REPORT (UBR)

0009892 AF

DOCUMENT # A96000001662

1. Entity Name

WRH ROYAL, LTD.

Principal Place of Business

100 SECOND AVENUE SOUTH, SUITE 904
ST. PETERSBURG FL 33701

Mailing Address

100 SECOND AVENUE SOUTH, SUITE 904
ST. PETERSBURG FL 33701

FILED

01 FEB 15 AM 11:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

701 SW 2TH AVE

3. Mailing Address

Suite, Apt. #, etc.

SUITE 1030

City & State
Miami FL

City & State

Zip Country
33135 USA

Zip Country

4. FEI Number 59-3407602

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

GERMAIN, BONNIE BONNIE G. BERTOLINO
100 SECOND AVENUE SOUTH, SUITE 904
ST. PETERSBURG FL 33701

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. \$5,559,264.31

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 # P93000036337
NAME WRH PROPERTIES, INC.
STREET ADDRESS 100 SECOND AVENUE SOUTH, SUITE 904
CITY-ST-ZIP ST. PETERSBURG FL 33701

STREET ADDRESS
CITY-ST-ZIP 300003746613--0
-02/22/01--01004--007

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP ****526.25 ****526.25

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
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 REQUIRED G. Miller 2-8-01 727-825-7705
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)