

2000 UNIFORM BUSINESS REPORT (UBR)

00 JUL 10 PM 9:59

DOCUMENT # A96000002177

1. Entity Name
THE VILLAS PARTNERSHIP, LTD.

Principal Place of Business
**2785 S.E. ST. LUCIE BLVD
STUART FL 34997**

Mailing Address
**P.O. BOX 1668
STUART FL 34995-1668**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
City & State

Zip Country Zip Country

4. FEI Number **65-0710209** Applied For
Not Applicable

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

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
**WTS, INC.
2785 S.E. ST LUCIE BLVD
STUART FL 34997**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. **\$998,500.00**

10. Amount of Capital Contributions in FLORIDA to date **\$1,006,550.-**

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 STREET ADDRESS CITY - ST - ZIP	S08258 WTS, INC. 2785 S.E. ST. LUCIE BLVD. STUART FL 34997	STREET ADDRESS CITY - ST - ZIP	FF \$526.25
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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: **Bonny R. Wolff** **Pres - WTS Inc.**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER
Date **4-24-00** Daytime Phone # **561-286-5395**