

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A97000000579

1. Entity Name

WYNDCREST SIMS ADVISORS, LTD.

Principal Place of Business

Mailing Address

300 Clematis St. - Third Floor 300 Clematis St. - Third Floor
West Palm Beach, FL 33401 West Palm Beach, FL 33401

2. Principal Place of Business

300 Clematis Street

3. Mailing Address

300 Clematis Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Third Floor

Third Floor

City & State

City & State

West Palm Beach, FL

West Palm Beach, FL

Zip

Country

Zip

Country

33401

USA

33401

USA

FILED

01 MAY -4 PM 12:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0766095

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

John C. Textor
300 Clematis Street - Third Floor
West Palm Beach, FL 33401

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.

1,220,000

10. Amount of Capital Contributions
in FLORIDA to date.

1,081,570

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

DOCUMENT # P97000017242
NAME Textor Ventures, Inc.
STREET ADDRESS 300 Clematis Street - Third Floor
CITY-ST-ZIP West Palm Beach, FL 33401

DOCUMENT #
NAME Jeffrey Kukes Living Trust
STREET ADDRESS 16410 Maddalena Place
CITY-ST-ZIP Delray Beach, FL 33446

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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-06/05/01 -01030-013
2631.25 *526.25

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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #