

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A97000000827**

1. Entity Name

WADSWORTH PROPERTIES, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR -1 PM 12:29



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**203 NORTH GADSDEN STREET
TALLAHASSEE FL 32301**

Mailing Address
**P.O. BOX 10529
TALLAHASSEE FL 32302-2529**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3438520**

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

**WADSWORTH, MURRAY M
203 NORTH GADSDEN STREET
TALLAHASSEE FL 32301**

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. **\$2,711,055.20**

10. Amount of Capital Contributions in FLORIDA to date. **\$1,211,055.20**

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
**WADSWORTH, ALICE C
203 NORTH GADSDEN STREET
TALLAHASSEE FL 32301**

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #
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STREET ADDRESS
CITY - ST - ZIP
**WADSWORTH, MURRAY M
203 NORTH GADSDEN STREET
TALLAHASSEE FL 32301**

STREET ADDRESS

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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: *Murray M. Wadsworth*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER
MURRAY M. WADSWORTH

2/29/00 **850/224-9037**

Date Daytime Phone #

CR2E003 (9/99)