

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A97000000856**

1. Entity Name

WILTON PARTNERS NEW PORT RICHEY, LTD.

FILED
May 02, 2000 8:00 am
Secretary of State

Principal Place of Business

**11022 SANTA MONICA BLVD., SUITE 450
LOS ANGELES CA 90025**

Mailing Address

**11022 SANTA MONICA BLVD., SUITE 450
LOS ANGELES CA 90025-7513**



2. Principal Place of Business

11111 Santa Monica Blvd.

3. Mailing Address

11111 Santa Monica Blvd.

Suite, Apt. #, etc.

Suite 500, CA

Suite, Apt. #, etc.

Suite 500, CA

City & State

Los Angeles, CA

City & State

Los Angeles, CA

4. FEI Number

95-4637788

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301**

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

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.

\$1,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

-0-

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 # **F97000004527**
NAME **WILTON NEW PORT G.P. CORP.**
STREET ADDRESS **11022 SANTA MONICA BLVD., SUITE 450**
CITY - ST - ZIP **LOS ANGELES CA 90025**

13. ADDRESS CHANGES ONLY

STREET ADDRESS **11111 Santa Monica Blvd., Suite 500**
CITY - ST - ZIP **Los Angeles, CA 90025**

DOCUMENT #
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STREET ADDRESS
CITY - ST - ZIP

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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:

SIGNATURE REQUIRED
Jay H. Wilton, President
Of the General Partner

4/20/00

(310) 444-6377

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

11-13-00 CF