

# 2001 UNIFORM BUSINESS REPORT (UBR)

0001401 AF

DOCUMENT # **A97000001719**

1. Entity Name

**WORTHWHILE DEVELOPMENT III, LTD.**

FILED

01 APR 24 AM 7:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

2949 W. STATE ROAD 434  
SUITE 400  
LONGWOOD FL 32779

Mailing Address

2949 W. STATE ROAD 434  
SUITE 400  
LONGWOOD FL 32779

2. Principal Place of Business

2933 W SR 434

3. Mailing Address

2933 W SR 434

Suite, Apt. #, etc.

Suite 101

Suite, Apt. #, etc.

Suite 101

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3464682

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ROYALL, H J JR.

2949 W SR 434, SUITE 400  
LONGWOOD FL 32779

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

2933 W SR 434

Suite 101

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

President of the General Partner 4/19/01

9. Capital Contributions  
as Shown on record.

\$9.90

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

DOCUMENT # P97000068224  
NAME WORTHWHILE DEVELOPMENT III, INC.  
STREET ADDRESS 700 RIVERBEND BLVD.  
CITY-ST-ZIP LONGWOOD FL 32779

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

2933 W SR 434, Ste 101

STREET ADDRESS

CITY-ST-ZIP

1000004163971--6

-05/09/01--01010--002

\*\*\*150.00 \*\*\*150.00

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

HJ Royall, President of the general partner

4/19/01

Date

407-774-0303

Daytime Phone #

CR2E003 (11/00)