

# 2001 UNIFORM BUSINESS REPORT (UBR)

192

0002994 AB

**DOCUMENT #** A97000002117

**1. Entry Name**  
WWM, LTD.

**FILED**

01 JUL 25 AM 8 47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**Principal Place of Business**  
995 EAST MEMORIAL BLVD., SUITE 101  
LAKELAND FL 33801

**Mailing Address**  
P.O. BOX 725589  
ATLANTA GA 31139

**2. Principal Place of Business**  
Suite, Apt. #, etc.  
City & State  
Zip Country

**3. Mailing Address**  
Suite, Apt. #, etc.  
City & State  
Zip Country

**DUE BY SEPTEMBER 26, 2001**

**4. FEI Number** 58-2347006  
Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**  
WHITMAN, HOWE D  
1400 GRASSLANDS BLVD., #7  
LAKELAND FL 33803

**7. Name and Address of New Registered Agent**  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
1400 Grasslands Blvd., # 37  
City FL Zip Code

**8. The above named entry submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.**

**SIGNATURE** *[Signature]* **DATE** 7/10/01  
(NOTE: Registered Agent signature required when reinstating)

**9. Capital Contributions as Shown on record.** \$9,900.00  
**10. Amount of Capital Contributions in FLORIDA to date.** 9,900.00  
**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 #     | F00000000146           |
| NAME           | HERITAGE EQUITIES INC. |
| STREET ADDRESS | PO BOX 725589          |
| CITY-ST-ZIP    | ATLANTA GA 31139       |
| 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 | 8000045274781-- G                          |
| CITY-ST-ZIP    | -03/03/01-01073-011<br>***158.05 ***158.05 |
| 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]* **DATE** 7/10/01 **Daytime Phone #** 404-841-0605

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER**

CR2E003 (5/01)