

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A97000002633**

1. Entity Name

WINTERVIEW COURT, LTD.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 JUN 23 PM 1:29

Principal Place of Business  
4173 DOMESTIC AVENUE  
NAPLES FL 34104

Mailing Address  
4173 DOMESTIC AVENUE  
NAPLES FL 34104-7058



2. Principal Place of Business

2930 IMMOKALEE RD.

3. Mailing Address

2930 IMMOKALEE RD.

Suite, Apt. #, etc.

Suite 4

Suite, Apt. #, etc.

Suite 4

City & State

NAPLES, FL.

City & State

NAPLES, FL.

Zip

34110

Country

U.S.

Zip

34110

Country

U.S.

4. FEI Number

59-3459732

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

AJS MANAGEMENT CORP.

4173 DOMESTIC AVENUE

NAPLES FL 34104

7. Name and Address of New Registered Agent

Name

AJS MANAGEMENT CORP.

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

2930 IMMOKALEE RD.

Suite 4

City

NAPLES

FL

Zip Code

34110

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.

\$1,920,000.00

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 # P94000008632  
NAME AJS MANAGEMENT CORP.  
STREET ADDRESS 4173 DOMESTIC AVENUE  
CITY - ST - ZIP NAPLES FL 34104

13. ADDRESS CHANGES ONLY

STREET ADDRESS

2930 IMMOKALEE RD. Ste. 4

CITY - ST - ZIP

NAPLES, FL. 34110

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NAME  
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:

SIGNATURE  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

6/20/00 941-596-9500