

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2000 08:00 AM
Secretary of State

DOCUMENT # A98000001540
 1. Entity Name
WILBER TRIBE, LTD.

Principal Place of Business % CHERRY & SPENCER, P.A. 1665 PALM BEACH LAKES, #600 WEST PALM BEACH 33401 FL	Mailing Address % CHERRY & SPENCER, P.A. 1665 PALM BEACH LAKES, #600 WEST PALM BEACH 33401 FL
--	--

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State

4. FEI Number 65-0847153	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

Zip	Country	Zip	Country
-----	---------	-----	---------

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

6. Name and Address of Current Registered Agent
CHERRY RICHARD G
1665 PALM BEACH LAKES BLVD., #600
WEST PALM BEACH FL
33401 US

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 _____ DATE **04/25/2000**
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record. 147,510.00	10. Amount of Capital Contributions in FLORIDA to date. 147,510.00	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 # NAME STREET ADDRESS CITY-ST-ZIP	WILBER TRIBE, INC. 1665 PALM BEACH LAKES #600 WEST PALM BEACH FL 33401
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
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 _____ DATE _____