

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A98000001540**

1. Entity Name

WILBER TRIBE, LTD.

FILED

02 MAY -3 AM 9:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

% CHERRY & SPENCER, P.A.
1665 PALM BEACH LAKES, #600
WEST PALM BEACH FL 33401

Mailing Address

% CHERRY & SPENCER, P.A.
1665 PALM BEACH LAKES, #600
WEST PALM BEACH FL 33401

2. Principal Place of Business

c/o 4400 PGA Blvd

3. Mailing Address

c/o 4400 PGA Blvd.

Suite, Apt. #, etc.

Suite 900

Suite, Apt. #, etc.

Suite 900

City & State

Palm Beach Gardens, FL

City & State

Palm Beach Gardens, FL

4. FEI Number

65-0847153

Applied For

Not Applicable

Zip

33410

Country

USA

Zip

33410

Country

USA

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

7. Name and Address of New Registered Agent

Name Richard G. Cherry

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

4400 PGA Blvd., Suite 900

City

Palm Beach Gardens

FL

Zip Code

33410

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.

DATE

9. Capital Contributions
as Shown on record.

\$147,510.00

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 # P97000096826
NAME WILBER TRIBE, INC.
STREET ADDRESS 1665 PALM BEACH LAKES #600
CITY-ST-ZIP WEST PALM BEACH FL 33401

13. ADDRESS CHANGES ONLY

STREET ADDRESS 4400 PGA Blvd., Suite 900
CITY-ST-ZIP Palm Beach Gardens, FL 33410

DOCUMENT #
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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 REQUIRED

4-25-02

561 471 7767

Date

Daytime Phone #

CP2E003 (9/01)