

# 2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # **A98000001785**

1. Entity Name

WRH HORIZONS, LTD.

Principal Place of Business

100 SECOND AVENUE SOUTH, SUITE 904  
ST. PETERSBURG FL 33701

Mailing Address

100 SECOND AVENUE SOUTH, SUITE 904  
ST. PETERSBURG FL 33701

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1880 DESTINY BLVD

3. Mailing Address

Suite, Apt. #, etc.

City & State

KISSIMMEE FL

City & State

Zip

34741

Country

Zip

Country

4. FEI Number

59-3523920

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

GERMAIN, BONNIE - (BOYNE G. BERTOLINO)  
100 SECOND AVENUE SOUTH, SUITE 904  
ST. PETERSBURG FL 33701

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE

9. Capital Contributions  
as Shown on record.

\$11,191,538.00

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 # P93000036337  
NAME WRH PROPERTIES, INC.  
STREET ADDRESS 100 SECOND AVENUE SOUTH, SUITE 904  
CITY-ST-ZIP ST. PETERSBURG FL 33701

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

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STREET ADDRESS

CITY-ST-ZIP

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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 REQUIRED JUAN MIGUEL Miller  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2-8-01

Date

727-825-7705

Daytime Phone #

CR2E003 (11/00)