

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A98000001785**

1. Entity Name

**WRH HORIZONS, LTD.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 JAN 29 AM 10:22



Principal Place of Business <b>1880 DESTINY BLVD. KISSIMMEE FL 34741</b>	Mailing Address <b>1880 DESTINY BLVD. KISSIMMEE FL 34741</b>
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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<b>DUE BY MAY 1, 2002</b>	
4. FEI Number <b>59-3523920</b>	Applied For <input type="checkbox"/> Not Applicable

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>BERTOLINO, BONNIE 100 SECOND AVENUE SOUTH, SUITE 904 ST. PETERSBURG FL 33701</b>
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. <b>\$11,191,538.00</b>	10. Amount of Capital Contributions in FLORIDA to date.	11. <b>MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION</b>
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**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	<b>P93000036337 WRH PROPERTIES, INC. 100 SECOND AVENUE SOUTH, SUITE 904 ST. PETERSBURG FL 33701</b>
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13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	<b>100004882961--7</b>
CITY-ST-ZIP	<b>-02/06/02--01038--013 ****526.25 ****526.25</b>
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 REQUIRED** General Partner **1/14/02 727-825-7700**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

0016175 AT

CR2E003 (9/01)