

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A98000001923

1. Entity Name

WNG SEACREST LIMITED

Principal Place of Business

50 BEAL PARKWAY, S.W., SUITE 2
FORT WALTON BEACH FL 32548

Mailing Address

P.O. BOX 1539
FORT WALTON BEACH FL 32549-1539

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3526876

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

GOURLEY, WARREN N
50 BEAL PARKWAY, S.W., SUITE 2
FORT WALTON BEACH FL 32548

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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 resigning)

DATE

9. Capital Contributions
as Shown on record.

\$1,000.00

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

13. ADDRESS CHANGES ONLY

DOCUMENT # P96000055101
NAME 904 ASSOCIATES, INC.
STREET ADDRESS 904 BEAL PARKWAY, S.W., SUITE 2
CITY-ST-ZIP FORT WALTON BEACH FL 32548

TYPO

STREET ADDRESS

CITY-ST-ZIP

50 BEAL PARKWAY, S.W., SUITE 2
FT. WALTON BEACH, FL 32548

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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****150.00 ****150.00

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: WARREN N. GOURLEY 17 April 00 (850) 243 1313
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #