

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A98000001948

1. Entity Name  
CENTURY HOLDINGS OF COLLIER COUNTY, LTD.



FILED

03 APR 24 AM 11:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
1061 COLLIER CENTER WAY, SUITE B  
NAPLES, FL 34110

Mailing Address  
1061 COLLIER CENTER WAY, SUITE B  
NAPLES, FL 34110

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Ste. 5

Suite, Apt. #, etc.

Ste. 5

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3513588

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

DUE BY MAY 1, 2003

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LESTER, DON E  
1061 COLLIER CENTER WAY, SUITE B STE. 5  
NAPLES, FL 34110

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

DATE

9. Capital Contributions

as Shown on record. \$7,500.00

10. Amount of Capital Contributions

in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL 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 # P00000056034  
NAME WATERFORD MANAGEMENT INC  
STREET ADDRESS 1061 COLLIER CENTER WAY, SUITE B  
CITY-STATE-ZIP NAPLES, FL 34110

STREET ADDRESS

CITY-STATE-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

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STREET ADDRESS

CITY-STATE-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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (10/02)

STAPLE CHECK HERE