

2001 UNIFORM BUSINESS REPORT (UBR)

0011580 AF

DOCUMENT # **A98000002098**

1. Entity Name

WHETSTONE PROPERTIES, LTD.

FILED

01 FEB 12 AM 10:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

**2 COKE ROAD
ST. AUGUSTINE FL 32086**

Mailing Address

**2 COKE ROAD
ST. AUGUSTINE FL 32086**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3583454**

Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JONES, KATHERINE G ESQ.
780 NORTH PONCE DE LEON BOULEVARD
ST. AUGUSTINE FL 32084**

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 reinstating)

DATE

9. Capital Contributions as Shown on record. **\$1,170,000.00**

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 # **P98000063349**
NAME **ALAISE, INC.**
STREET ADDRESS **2 COKE ROAD**
CITY-ST-ZIP **ST. AUGUSTINE FL 32086**

STREET ADDRESS

CITY-ST-ZIP

100003708081-8
-02/16/01--01127--010
****437.50 ****437.50

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

100003708081-8
-02/16/01--01127--010
800003708081-8
-02/16/01--01127--009

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

*****88.75 *****88.75

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
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

904-825-1700

SIGNATURE:

HENRY M. Whetstone, JR
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

1-25-01

CR2E003 (11/00)