

2001 UNIFORM BUSINESS REPORT (UBR)

0014702 AF

DOCUMENT # A98000002620

1. Entity Name

WC FINANCIAL INVESTMENT LIMITED PARTNERSHIP

Principal Place of Business
8844 NORTH FLORIDA AVENUE
TAMPA FL 33604

Mailing Address
P.O. BOX 272880
TAMPA FL 33688

01 FEB -2 AM 10:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
104 E. Fowler Ave.

3. Mailing Address
104 E. Fowler Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 201

Suite 201

City & State
Tampa, Fl

City & State
Tampa, Fl

4. FEI Number 59-3543672

Applied For
Not Applicable

Zip
33612

Country

Zip
33612

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

CALDERAZZO, WILLIAM
8844 NORTH FLORIDA AVENUE
TAMPA FL 33604

Name

Street Address (P.O. Box Number is Not Acceptable)
104 E. Fowler Ave.

Suite 201

City
Tampa

FL

Zip Code
33612

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

WILLIAM CALDERAZZO

1/28/01

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. \$701,000.00

10. Amount of Capital Contributions in FLORIDA to date. 701,000.00

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 #
NAME CALDERAZZO, WILLIAM
STREET ADDRESS 8844 NORTH FLORIDA AVENUE
CITY-ST-ZIP TAMPA FL 33604

STREET ADDRESS 104 E. Fowler Ave. Suite 201
CITY-ST-ZIP Tampa, Fl 33612

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

900003657179-3
-02/08/01--01022--003
***526.25 ***526.25

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

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

WILLIAM CALDERAZZO

1/28/01

813 933 2439

Date

Daytime Phone #

CR2E003 (11/00)