

2002 UNIFORM BUSINESS REPORT (UBR)

0010280 AT

DOCUMENT # **A99000000480**

1. Entity Name

TRG WILDWOOD, LTD.

FILED

02 APR 26 AM 9:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

C/O HOWARD COHEN, ESQ.
1025 KANE CONCOURSE, SUITE 215
BAY HARBOR ISLANDS FL 33154

Mailing Address

C/O HOWARD COHEN, ESQ.
1025 KANE CONCOURSE, SUITE 215
BAY HARBOR ISLANDS FL 33154

2. Principal Place of Business

1295 WILDWOOD LAKES BLVD

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State

NAPLES, FL

City & State

4. FEI Number

65-0911058

Applied For

Not Applicable

Zip

Country

34104

USA

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

ENCLAVE AT NAPLES, INC.
C/O HOWARD COHEN, ESQ.
1025 KANE CONCOURSE, SUITE 215
BAY HARBOR ISLANDS FL 33154

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.

DATE

9. Capital Contributions
as Shown on record.

\$990.00

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 # P01000073309
NAME ENCLAVE AT NAPLES, INC.
STREET ADDRESS 1025 KANE CONCOURSE, SUITE 215
CITY-ST-ZIP BAY HARBOR ISLANDS FL 33154

STREET ADDRESS

800005450098--0

CITY-ST-ZIP

05/03/02-01058-018

****526.25 ****526.25

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CR2E003 (9/01)

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

4/22/02

Date

305-867-2245

Daytime Phone #