

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A99000000976

1. Entity Name
WORTHINGTON COMMUNITIES, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 MAR 17 PM 6:34

Principal Place of Business
17380 WINKLER ROAD
FORT MYERS FL 33908

Mailing Address
17380 WINKLER ROAD
FORT MYERS FL 33908-6000



2. Principal Place of Business
14291 Metro Pkwy #1300
Suite, Apt. #, etc.

3. Mailing Address
14291 Metro Pkwy #1300
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Ft Myers FL
Zip 33912 Country USA

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Ft Myers FL
Zip 33912 Country USA

4. FEI Number
65-0932058

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
SCHECHTER, JOEL H
C/O CUMMINGS & LOCKWOOD
3001 TAMiami TRAIL NORTH
NAPLES FL 34103

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. \$9,000,000.00

10. Amount of Capital Contributions in FLORIDA to date. 0

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 #	P97000034955	STREET ADDRESS	800003183408--0
NAME	THE WORTHINGTON GROUP OF SOUTHWEST FLORIDA	CITY - ST - ZIP	-03/24/00--01085--011
STREET ADDRESS	17380 WINKLER ROAD		****141.25 ****141.25
CITY - ST - ZIP	FORT MYERS FL 33908		
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
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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 REQUIRED FOR GENERAL PARTNER

Date: 3/13/00 Daytime Phone #

CR2E003 (9/99)