

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A99000001410**

1. Entity Name

**WILBERT FAMILY PARTNERSHIP, LTD.**

**FILED**

01 JUL 13 AM 8:47

Principal Place of Business  
**12010 BARRY COURT  
HOLLAND PA 18966**

Mailing Address  
**12010 BARRY COURT  
HOLLAND PA 18966**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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

**65-0959655**

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

~~BLACK, DAVID B~~

~~4675 N. FEDERAL HIGHWAY, 4TH FLOOR~~

~~HUGH, FRED & ZIGMAN, CPA'S~~

~~FORE ADDED 01/11/01 23908~~

Name

Street Address (P.O. Box Number is Not Acceptable)

**John A. Wilbert**

**2001 SE 21 Avenue**

City

**Fort Lauderdale FL**

Zip Code

**33316**

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

*John A. Wilbert* *Virginia B. Wilbert P.O.A.*

**7-10-01**

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

(NOTE: Registered Agent signature required when reappointing)

DATE

9. Capital Contributions as Shown on record.

**\$1,980,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

**724,311**

**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 #	<b>P99000076499</b>
NAME	<b>WILBERT FAMILY CORPORATION</b>
STREET ADDRESS	<b>12010 BARRY COURT</b>
CITY-ST-ZIP	<b>HOLLAND PA 18966</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
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STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	<b>400004488484--5</b>
CITY-ST-ZIP	<b>07/28/01 01110-006 ****526.25 ****526.25</b>
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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)(f), 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: *Virginia B. Wilbert*

**5-1-01**

**215-860-5047**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Deadline Expires If

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