

**2003 LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **A99000001688**

1. Entity Name
DON & ZELMA WAGGONER LIMITED PARTNERSHIP



FILED

03 APR -9 PM 4:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
**200 KINGSTOWN DRIVE
NAPLES FL 34102**

Mailing Address
**200 KINGSTOWN DRIVE
NAPLES FL 34102**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY MAY 1, 2003

4. FEI Number **59-3603151**

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

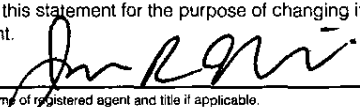
7. Name and Address of New Registered Agent

**NICI, JAMES R
C/O COX & NICI
3001-TAMIAMI TRAIL NO., STE. 100
NAPLES FL 34103**

**James R. Nici, c/o Cox & Nici
1185 Immokalee Road, Suite 110
Naples, FL 34110**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE 
Signature, typed or printed name of registered agent and title if applicable.

4-1-03

DATE

9. Capital Contributions
as Shown on record. **\$31,450,757.00**

10. Amount of Capital Contributions
in FLORIDA to date.

11. **MAKE CHECK PAYABLE TO FL. 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 # **P99000089675**
NAME **DON & ZELMA WAGGONER ENTERPRISES, INC.**
STREET ADDRESS **200 KINGSTOWN DRIVE**
CITY-ST-ZIP **NAPLES FL 34102**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

04/09/03--01020--020 **437.50

DOCUMENT #
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400015551494

DOCUMENT #
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STREET ADDRESS

CITY-ST-ZIP

**400015551494
04/09/03--01020--021 **38.75**

DOCUMENT #
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STREET ADDRESS

CITY-ST-ZIP

M THOMAS

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

Date

Daytime Phone #

1/30/03

CR2E003 (10/02)

0016179 AT