

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A99000002154

1. Entity Name
WGRN TEMPLE, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 MAY 16 PM 1:33

Principal Place of Business **Mailing Address**
2901 Rigsby LANE
SAFETY HARBOR, FL 34695

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3618730 ☐ **Applied For**
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
ROBERT A FORLIZZO
2902 Rigsby LANE
SAFETY HARBOR, FL 34695

7. Name and Address of New Registered Agent
Name: ROBERT
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. \$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 #	NAME	STREET ADDRESS	
	STREET ADDRESS	CITY - ST - ZIP	
	CITY - ST - ZIP		
DOCUMENT #	NAME	STREET ADDRESS	800003290368--B
	STREET ADDRESS	CITY - ST - ZIP	-06/15/00--01015--004
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	STREET ADDRESS	CITY - ST - ZIP	
	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: *m. Bridget Tones* **4/28/00** **727-726-1115**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/99)