

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **B97000000483**

1. Entity Name

WREIF-FORT MYERS, L.P.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 28 PM 12:06



DO NOT WRITE IN THIS SPACE

Principal Place of Business

174 WICKENDEN STREET
PROVIDENCE RI 02903

Mailing Address

174 WICKENDEN STREET
PROVIDENCE RI 02903-4329

2. Principal Place of Business

ONE PARK ROW

Suite, Apt. #, etc.

3. Mailing Address

PO BOX 6187

Suite, Apt. #, etc.

City & State

PROVIDENCE RI

City & State

PROVIDENCE, RI

4. FEI Number

06-1489710

Applied For

Not Applicable

Zip

02903

Country

USA

Zip

02940

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY

1201 HAYS STREET

TALLAHASSEE FL 32301-2525

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$9,900.00

10. Amount of Capital Contributions
in FLORIDA to date.

9,900.00

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

DOCUMENT #

F97000004829

NAME

WASSERMAN FORT MYERS, INC.

STREET ADDRESS

174 WICKENDEN STREET

CITY - ST - ZIP

PROVIDENCE RI 02903

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY - ST - ZIP

6000003271246-9

-05/31/00--01014--004

****158.05 ****158.05

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

BERNARD WASSERMAN

CR2E003 (9/99)