

2002 UNIFORM BUSINESS REPORT (UBR)

0021214 SP

DOCUMENT # B98000000328

1. Entity Name

WIMSATT-ON LIMITED PARTNERSHIP

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 June 3M 1:04

Principal Place of Business

4910 BAROSTOWN RD
LOUISVILLE KY 40291

Mailing Address

4910 BAROSTOWN RD
LOUISVILLE KY 40291

2. Principal Place of Business

4910 BARDSTOWN ROAD

3. Mailing Address

4910 BARDSTOWN ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State

LOUISVILLE, KY

City & State

LOUISVILLE, KY

4. FEI Number

61-1327663

Applied For

Not Applicable

Zip
40291

Country

Zip
40291

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

FARMER, ANNE H

5717 CARROLLWOOD MEADOWS DRIVE

TAMPA FL 33688

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.

4/24/02

DATE

9. Capital Contributions
as Shown on record.

\$630,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

792,585

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	CITY-ST-ZIP
	WIMSATT, GEORGE M	4910 BAROSTOWN RD	LOUISVILLE KY 40291
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
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STREET ADDRESS	4910 BARDSTOWN ROAD
CITY-ST-ZIP	LOUISVILLE, KY 40291
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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/24/02 502 495 3151

Date

Daytime Phone #

CR2E003 (9/01)