

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B98000000712

1. Entity Name

WB STAGE 16, L.P.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 MAR -3 PM 5: 50

Principal Place of Business

6100 DEACON DRIVE  
WINDERMERE FL 34786

Mailing Address

6100 DEACON DRIVE  
WINDERMERE FL 34786-8936

2. Principal Place of Business

129 W. Church Street

3. Mailing Address

129 W. Church Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orlando FL

City & State

Orlando FL

Zip

32801

Country

Zip

32801

Country

4. FEI Number

52-2125178

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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.

\$200,000.00

10. Amount of Capital Contributions  
in FLORIDA to date.

200,000

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 # M98000001564  
NAME WB STAGE 16, L.L.C.  
STREET ADDRESS 6100 DEACON DRIVE  
CITY - ST - ZIP WINDERMERE FL 34786

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY - ST - ZIP

500003173015--8

-03/16/00--01084--011

\*\*\*\*526.25 \*\*\*\*526.25

STREET ADDRESS

CITY - ST - ZIP

BK

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

Date

Daytime Phone #

CR2E003 (9/99)