

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000000290

1. Entity Name

WILTON TAMPA G.P. CORP.

FILED
May 10, 2000 8:00 am
Secretary of State

05-10-2000 90095 049 ***150.00

Principal Place of Business

Mailing Address

11022 SANTA MONICA BLVD., SUITE 450
LOS ANGELES CA 90025

11022 SANTA MONICA BLVD., SUITE 450
LOS ANGELES CA 90025-7513

00000101



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

11111 Santa Monica Blvd.

11111 Santa Monica Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 500

Suite 500

City & State

City & State

Los Angeles, CA

Los Angeles, CA

Zip
90025

Country
USA

Zip
90025

Country
USA

4. FEI Number

NOT-APPLICABLE-

Applied For

Not Applicable

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

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

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. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.
(See criteria on back)

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FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

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**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPST
WILTON, JAY H
11022 SANTA MONICA BLVD., SUITE 450
LOS ANGELES CA 90025

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Address change only:
11111 Santa Monica Blvd., Suite 500
Los Angeles, CA 90025

☒ Change ☐ Addition

TITLE
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CITY-ST-ZIP

☐ Change ☐ Addition

13. 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 or supplemental reports is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jay H. Wilton
President

4/20/00

(310) 444-6377

Date

Daytime Phone #