

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L000000000090

1. Entity Name
N-WGV 15 GP, L.L.C

Principal Place of Business
430-B ROYAL PINES PARKWAY
ST. AUGUSTINE FL 32092

Mailing Address
430-B ROYAL PINES PARKWAY
ST. AUGUSTINE FL 32092

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

59-3617452

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WOLFE, RANDOLPH J

201 NORTH FRANKLIN STREET, SUITE 2200

TAMPA FL 33602

Name

Street Address (P.O. Box Number is Not Acceptable)

100 North Tampa, Suite 2700

City Tampa

FL

Zip Code

33601

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

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-06/18/01--01033--022
*****50.00 *****50.00

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE Managing Director
NAME Bryan L. Weber
STREET ADDRESS 430-B Royal Pines Parkway
CITY-ST-ZIP St. Augustine, FL 32092

☐ Delete

TITLE Manager
NAME David Lester
STREET ADDRESS 148 Bristol East Rd
CITY-ST-ZIP Bristol, VA. 24202

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11. 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 managing member or manager of the limited liability company or the receiver or trustee authorized to execute this report as required by Chapter 688, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

0001909 AF

CR2E083 (11/00)

FILED

01 MAY 23 AM 7:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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