

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000000091

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

FILED

01 MAY 23 AM 7:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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

4. FEI Number

59-3617468

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~WOLFE, RANDOLPH J~~
~~ONE TAMPA CITY CENTER~~
~~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

400004424054--3

-06/18/01--01033--020

*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Manager ☐ Delete
NAME David Lester
STREET ADDRESS 148 Bristol East Road
CITY-ST-ZIP Bristol, VA 24202

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

3-26-01

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

Date

Daytime Phone #

0001903 AF

CR2E083 (11/00)