

2000 UNIFORM BUSINESS REPORT (UBR)

0008947 AF

DOCUMENT # L99000006178

1. Entity Name
WGP II, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB -7 PM 2:08

Principal Place of Business
C/O R. SCOTT PRICE, ESQ.
2640 GOLDEN GATE PARKWAY, SUITE 315
NAPLES FL 34105

Mailing Address
C/O R. SCOTT PRICE, ESQ.
2640 GOLDEN GATE PARKWAY, SUITE 315
NAPLES FL 34105-3203



2. Principal Place of Business
3521 Bonita Bay Blvd
Suite, Apt. #, etc.

3. Mailing Address
3521 Bonita Bay Blvd
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Bonita Springs

City & State
Bonita Springs

4. FEI Number ☒ Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

Zip FL Country USA Zip FLA Country USA

6. Name and Address of Current Registered Agent
PRICE, R. SCOTT ESQ.
C/O KELLY, PRICE, PASSIDOMO, SIKET & SOLIS
2640 GOLDEN GATE PARKWAY, SUITE 315
NAPLES FL 34105

7. Name and Address of New Registered Agent
Name William G. PRICE, JR
Street Address (P.O. Box Number is Not Acceptable)
3521 Bonita Bay Blvd
City Bonita Springs FL Zip Code 34134

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 William G. PRICE, JR DATE 1/15/00

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

9. MANAGING MEMBERS/MEMBERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PRICE, WILLIAM G JR. 3521 BONITA BAY BLVD. BONITA SPRINGS FL 34134	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	600003131186--7 -02/10/00--01074--012 *****50.00 *****50.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: WILLIAM G. PRICE, JR DATE 1/15/00 944-992-8940

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Daytime Phone #

CR2E083 (9/99)