

2001 UNIFORM BUSINESS REPORT (UBR)

0005336
AF

DOCUMENT # M00000000523

1. Entity Name
WEBVESTORS PARTNERS, LLC

FILED

01 APR -6 PM 4: 17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
200 SOUTH ORANGE AVENUE, SUITE 1850
SUNTRUST CENTER
ORLANDO FL 32801

Mailing Address
200 SOUTH ORANGE AVENUE, SUITE 1850
SUNTRUST CENTER
ORLANDO FL 32801



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

APPLIED FOR

Applied For

Not Applicable

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

INTRASTATE REGISTERED AGENT CORPORATION
701 BRICKELL AVENUE, SUITE 3000
MIAMI FL 33131

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

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

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE MEMBER
NAME EDWARD P. GRACE III
STREET ADDRESS 5091 ISLEWORTH COUNTRY CLUB DR
CITY-ST-ZIP WINDERMERE FL 34786

TITLE MEMBER
NAME SYLVIA KIRKLAND
STREET ADDRESS 3373 SOUTH KIRKMAN RD, APT # 920
CITY-ST-ZIP ORLANDO FL 32811

TITLE MEMBER
NAME STEVEN A COLLINS
STREET ADDRESS 9498 WICKHAM WAY
CITY-ST-ZIP ORLANDO FL 32836

TITLE MEMBER
NAME THOMAS MATLACK
STREET ADDRESS 362 COMMONWEALTH AVE
CITY-ST-ZIP BOSTON MA 02115-2157

TITLE MEMBER
NAME JULIO GOMEZ
STREET ADDRESS 285 INDEPENDENCE RD
CITY-ST-ZIP CONCORD MA 01742

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MEMBER
NAME JUDSON GREEN
STREET ADDRESS 9200 POINT CYPRESS DR
CITY-ST-ZIP ORLANDO FL 32836

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MEMBER
NAME MICHAEL HELLER
STREET ADDRESS 6413 STONEHURST CIRCLE
CITY-ST-ZIP LAKE WORTH FL 33467

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MEMBER
NAME EDWARD LEVINE
STREET ADDRESS 29 DROWNE PARKWAY
CITY-ST-ZIP RUMFORD RI 02916

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

Date

Daytime Phone #

CR2E083 (11/00)