

2001 UNIFORM BUSINESS REPORT (UBR)

0005489 AF

DOCUMENT # M98000001564

1. Entity Name
WB STAGE 16, L.L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 MAR -7 PM 2:17

Principal Place of Business
129 W. CHURCH STREET
ORLANDO FL 32801

Mailing Address
200 SOUTH ORANGE AVENUE, SUITE 2300
POST OFFICE BOX 112
ORLANDO FL 32802-0112



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
6100 Payne Stewart
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Windermere

City & State

Zip
34786

Country
USA

Zip

Country

4. FEI Number 59-3545191

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

A.G.C. CO.
200 SOUTH ORANGE AVENUE, 2300 SUNTRUST CTR
ORLANDO FL 32801

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 _____ (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
NAME
STREET ADDRESS
CITY-ST-ZIP

MGR
PIERCY, TYLER
6100 DEACON DRIVE
WINDERMERE FL 34786

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGR
O'RIORDAN, GERARD
6100 DEACON DRIVE
WINDERMERE FL 34786

☐ Delete

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☐ Change ☐ Addition

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)

SIGNATURE REQUIRED

Mgm

2/19/01

407-422-2434