

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2003 8:00 am
Secretary of State

02-14-2003 90230 044 ***150.00

DOCUMENT # P92000007523



1. Entity Name
WINTERVILLA GENPAR V, INC.

Principal Place of Business
**8131 LBJ FRWY STE 750
DALLAS TX 75251
US**

Mailing Address
**8131 LBJ FRWY STE 750
DALLAS, TX 75251
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

P92000007523

City & State

Zip

Country

WINTERVILLA GENPAR V, INC.

Zip

Country

4. FEI Number **59-3153929**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.
8131 LBJ FRWY STE 750
1201 HAYS STREET
DALLAS TX 75251
US
SUITE 105
TALLAHASSEE FL 32301

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

59-3153929

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

THE PRENTICE-HALL CORPORATION SYSTEM INC. ☐ Delete
NAME: KRAUSS, LARRY
STREET ADDRESS: 5140 YONGE STREET #1525
CITY-STATE-ZIP: WILLOWDALE ONTARIO CA
TALLAHASSEE FL 32301 ☐ Delete

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

LEE, JACK ☐ Delete
STREET ADDRESS: 5140 YONGE STREET #1525
CITY-ST-ZIP: WILLOWDALE ON

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

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

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED Michael Bentley, ASO

2/10/2003

972.907.1890

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0654213 A1

0654213 A1

CR2E034 (10/02)