

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A02000000390

1. Entity Name
ECOVENTURE WIGGINS PASS, LTD.



FILED

03 APR 21 PM 2:27



Principal Place of Business
601 BAYSHORE BLVD., SUITE 960
TAMPA FL 33606

Mailing Address
601 BAYSHORE BLVD., SUITE 960
TAMPA FL 33606

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY MAY 1, 2003

Zip

Country

Zip

Country

4. FEI Number

01-0647136

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

OELSCHLAEGER, EDWARD R
601 BAYSHORE BLVD., SUITE 960
TAMPA FL 33606

Name
Randolph J. Wolfe

Street Address (P.O. Box Number is Not Acceptable)
100 N. Tampa St. STE 2700

City
Tampa

FL Zip Code
33602

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 Randolph J. Wolfe Randolph J. Wolfe

3/19/03
DATE

9. Capital Contributions
as Shown on record.

\$99.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # P02000030047
NAME ECOVENTURE WIGGINS PASS, INC.
STREET ADDRESS 601 BAYSHORE BLVD., SUITE 960
CITY-ST-ZIP TAMPA FL 33606

STREET ADDRESS

CITY-ST-ZIP

800016397098

DOCUMENT # 04/21/03--U1U63--004 **141.25

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CITY-ST-ZIP

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

Edward R. Oelschlaeger 3/18/03 813-251-4868

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (10/02)

0013296 AT