

2001 UNIFORM BUSINESS REPORT (UBR)

0011690 AF

DOCUMENT # **A07947**

1. Entity Name

WINEWOOD APARTMENTS II, LTD.

FILED

01 APR 26 AM 11:40

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

Principal Place of Business

**1075 MASON AVENUE
DAYTONA BEACH FL 32117**

Mailing Address

**595 WEST GRANADA BLVD., SUITE A
ORMOND BEACH FL 32174**

2. Principal Place of Business

3. Mailing Address

1075 Mason Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Daytona Beach, FL

4. FEI Number
59-1971193

Applied For
Not Applicable

Zip

Country

Zip
32117

Country
US

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

**GILLESPIE, THURMAN JR., M.D.
1075 MASON AVENUE
DAYTONA BEACH FL 32117**

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

9. Capital Contributions
as Shown on record.

\$600,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO 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 # **S23193**
NAME **WINEWOOD II, INC.**
STREET ADDRESS **1075 MASON AVENUE**
CITY-ST-ZIP **DAYTONA BEACH FL**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
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CITY-ST-ZIP

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CITY-ST-ZIP

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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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Thurman Gillespie, Jr.

3-20-01

904-235-4596

Date

Daytime Phone #

CR2E003 (11/00)