

2001 UNIFORM BUSINESS REPORT (UBR)

0014323 AF

DOCUMENT # A20880

1. Entity Name

TANDEM ASSOCIATES II, LIMITED

FILED

01 MAY -2 PM 12:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

3459 SEAGRAPE DRIVE
SARASOTA FL 34242

Mailing Address

3459 SEAGRAPE DRIVE
SARASOTA FL 34242

2. Principal Place of Business

395 Commercial Court

Suite, Apt. #, etc.
Suite A

City & State

Venice, FL

Zip
34292

Country
USA

3. Mailing Address

395 Commercial Court

Suite, Apt. #, etc.
Suite A

City & State

Venice, FL

Zip
34292

Country
USA

4. FEI Number

59-2418966

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HALPIN, DAVID J.
3459 SEAGRAPE DRIVE
SARASOTA FL 34242

7. Name and Address of New Registered Agent

Name

Michael W. Miller

Street Address (P.O. Box Number is Not Acceptable)

395 Commercial Court, Suite A

City

Venice

FL

Zip Code
34292

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: 4/23/01

9. Capital Contributions
as Shown on record.

\$242,500.00

10. Amount of Capital Contributions

in FLORIDA to date: \$1,000.00

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

DOCUMENT # F47892
NAME TANDEM MANAGEMENT CORP.
STREET ADDRESS 4401 ASHTON ROAD, SUITE G
CITY-ST-ZIP SARASOTA FL 34233

DOCUMENT #
NAME HALPIN, DAVID J
STREET ADDRESS 3459 SEAGRAPE DRIVE
CITY-ST-ZIP SARASOTA FL 34242

DOCUMENT #
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STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
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STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

100004302001-4
-05/23/01--01036--041
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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/23/01

Date

941-485-5263

Daytime Phone #

CR2E003 (11/00)