

2001 UNIFORM BUSINESS REPORT (UBR)

APPROVE
AND
FILED

0008262
AF

DOCUMENT # **A97000001412**

1. Entity Name

ECOVENTURE WGV 13, LTD.

01 APR 27 PM 6:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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

4. FEI Number

59-3420574

Applied For

Not Applicable

Zip

Country

Zip

Country

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 NORTH TAMPA ST. SUITE 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.

SIGNATURE

Randolph J. Wolfe, Registered Agent
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

3/27/01
DATE

9. Capital Contributions
as Shown on record.

\$2.00

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 # **P97000056414**
NAME **ECOVENTURE WGV 13, INC.**
STREET ADDRESS **601 BAYSHORE BLVD., SUITE 960**
CITY-ST-ZIP **TAMPA FL 33606**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

200004194072--5

05/10/01-01/10-021

******141.25 ****141.25**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

EDWARD R. OELSCHLAEGER 3/31/01 813-251-4868

Date

Daytime Phone #

CR2E003 (11/00)