

# 2001 UNIFORM BUSINESS REPORT (UBR)

0006254 AF

DOCUMENT # A98000002087

1. Entity Name

ECOVENTURE RESIDENCES II, LTD.

FILED

01 MAY -1 PM 12:31

Principal Place of Business

601 BAYSHORE BLVD., SUITE 960  
TAMPA FL 33606

Mailing Address

601 BAYSHORE BLVD., SUITE 960  
TAMPA FL 33606

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3536484

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

*Edward R. Oelschlaeger*

*Randolph J. Wolfe, Registered Agent*

*3/27/01*

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.

\$1.00

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

DOCUMENT # P98000077891  
NAME ECOVENTURE RESIDENCES II, INC.  
STREET ADDRESS 601 BAYSHORE BLVD., SUITE 960  
CITY-ST-ZIP TAMPA FL 33606

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
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

300004221923--5  
-05/17/01--01035--011  
\*\*\*\*141.25 \*\*\*\*141.25

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*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

EDWARD R. OELSCHLAEGE 3/31/01

813-251-4868

Date

Daytime Phone #

CR2E003 (11/00)