

2001 UNIFORM BUSINESS REPORT (UBR)

0014701 AF

DOCUMENT # **A98000002619**

1. Entity Name

WC INDUSTRIAL PROPERTY LIMITED PARTNERSHIP

FILED

01 FEB -2 AM 10:33

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

[Handwritten signature]



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**8844 NORTH FLORIDA AVENUE
TAMPA FL 33604**

Mailing Address
**P.O. BOX 272880
TAMPA FL 33688**

2. Principal Place of Business
**104 E. Fowler Ave.
Suite, Apt. #, etc.
Suite 201**

3. Mailing Address
**104 E. Fowler Ave.
Suite, Apt. #, etc.
Suite 201**

City & State
Tampa, Fl

City & State
Tampa, Fl

4. FEI Number
59-3543684

Applied For
☐ Not Applicable

Zip
33612

Country
33612

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**CALDERAZZO, WILLIAM
8844 NORTH FLORIDA AVENUE
TAMPA FL 33604**

7. Name and Address of New Registered Agent

Name
104 E. Fowler Ave.
Street Address (P.O. Box Number is Not Acceptable)
Suite 201
City
Tampa, FL Zip Code
33612

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

[Handwritten signature]

WILLIAM CALDERAZZO

1/28/01

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. **\$2,389,220.00**

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 # **P98000086773**
NAME **WC PROPERTY HOLDING COMPANY, INC.**
STREET ADDRESS **8844 NORTH FLORIDA AVENUE**
CITY-ST-ZIP **TAMPA FL 33604**

13. ADDRESS CHANGES ONLY

STREET ADDRESS **104 E. Fowler Ave. Suite 201**
CITY-ST-ZIP **Tampa, Fl 33612**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP
100003654631-4

DOCUMENT #
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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:

[Handwritten signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

WILLIAM CALDERAZZO

1/28/01

813 933 2439

Date

Daytime Phone #

CR2E003 (11/00)