

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A98000002846

1. Entity Name

WOOLEY PROPERTIES II, LTD.

Principal Place of Business

9210 ADAMO DRIVE
TAMPA FL 33619

Mailing Address

9210 ADAMO DRIVE
TAMPA FL 33619-2604

2. Principal Place of Business

4636 N. Dale Mabry Hwy.

Suite, Apt. #, etc.
Tampa, Florida

City & State

Zip
33614

Country
USA

3. Mailing Address

4636 N. Dale Mabry Hwy.

Suite, Apt. #, etc.
Tampa, Florida

City & State

Zip
33614

Country
USA

4. FEI Number

59-3547917

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

STRASKE, STEPHEN B II
101 EAST KENNEDY BLVD., SUITE 3700
TAMPA FL 33619

7. Name and Address of New Registered Agent

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.

\$1,000,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

\$1,000,000.00

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 # F91291
NAME JIW ENTERPRISES, INC.
STREET ADDRESS 9210 ADAMO DRIVE
CITY - ST - ZIP TAMPA FL 33619

DOCUMENT #
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CITY - ST - ZIP

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CITY - ST - ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS 4636 N. Dale Mabry Highway

CITY - ST - ZIP Tampa, Florida 33614

STREET ADDRESS

CITY - ST - ZIP

100003198001--3

-04/06/00--01047--008

****526.25 ****526.25

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

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

3/13/00

Date

(813) 870-0010

Daytime Phone #

001342 1

CR2E003 (9/99)

FILED
00 MAR 23 PM 3:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE