

2001 UNIFORM BUSINESS REPORT (UBR)

000977 AF

DOCUMENT # **A98000002846**

1. Entity Name

WOOLEY PROPERTIES II, LTD.

Principal Place of Business

**4636 N. DALE MABRY HWY
TAMPA FL 33614**

Mailing Address

**4636 N. DALE MABRY HWY
TAMPA FL 33614**

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

59-3547917

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

R. James Robbins, Jr.

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

101 East Kennedy Boulevard

Suite 3700

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

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 **JW ENTERPRISES, INC.**
STREET ADDRESS **4636 N. DALE MABRY HIGHWAY**
CITY-ST-ZIP **TAMPA FL 33614**

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13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

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*******526.25**

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:

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

Wooley

2/28/01

Date

(813) 870-0010

Daytime Phone #

CR2E003 (11/00)

FILED
01 MAR 28 AM 7:11

**SECRETARY OF STATE
TALLAHASSEE FLORIDA**



DO NOT WRITE IN THIS SPACE