

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A99000000160**

1. Entity Name

**OELSCHLAEGER INVESTMENTS, LTD.**

**FILED**

Principal Place of Business

**601 BAYSHORE BLVD., SUITE 960  
TAMPA FL 33606**

Mailing Address

**601 BAYSHORE BLVD., SUITE 960  
TAMPA FL 33606**

**01 APR 27 PM 12:14**

**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

**59-3553788**

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

**OELSCHLAEGER, 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

*Randolph J. Wolfe* *Randolph J. Wolfe, Registered Agent*

*3/27/01*  
DATE

9. Capital Contributions  
as Shown on record.

**\$50,000.00**

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 #  
NAME **OELSCHLAEGER, EDWARD R**  
STREET ADDRESS **601 BAYSHORE BLVD., SUITE 960**  
CITY-ST-ZIP **TAMPA FL 33606**

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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

**350.00-4P**  
**88.75-Adm**

**300004213493-9**  
**05/14/01 01000 011**  
**\*\*\*\*438.75 \*\*\*\*438.75**

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. OELSCHLAEGER 3/31/01 813-251-4868**

Date

Daytime Phone #

CR2E003 (11/00)