

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A08240**

1. Entity Name
IDLEWILD ASSOCIATES, LTD.

FILED

00 MAY 15 PM 4: 20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
% PAINWEBBER INCORPORATED
1285 AVENUE OF THE AMERICAS
NEW YORK NY 10019

Mailing Address
% PAINWEBBER INCORPORATED
1285 AVENUE OF THE AMERICAS
NEW YORK NY 10019-6028

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

4. FEI Number **13-3020183**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. **\$1,241,848.00**

10. Amount of Capital Contributions in FLORIDA to date. **\$ 431,472**

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 #	845202
NAME	PW IDLEWILD CORP
STREET ADDRESS	1285 AVE OF THE AMERICAS
CITY - ST - ZIP	NEW YORK NY 10019
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	837.50
STREET ADDRESS	500003288955-7
CITY - ST - ZIP	-06/14/00--01060--022 ****326.25 ****326.25
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

PW Idlewild Corporation by Dhruvanjay M. Rai, President

SIGNATURE: [Signature] **SIGNATURE REQUIRED** **5-8-00** **212 713 3213**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

UBR (6/1/00) 1-0