# 2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # A10052

1. Entity Name

CLEARWATER ASSOCIATES, LIMITED PARTNERSHIP

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR 24 AM 9:57

| Principal Place of Business | Mailing Address |
|---|---|
| 1000 N. KEENE ROAD<br>CLEARWATER FL 34615 | POST OFFICE BOX 799<br>ALBANY NY 12201-0799 |

DO NOT WRITE IN THIS SPACE

| 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 14-1622382 ☐ Applied For ☐ Not Applicable

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

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| UCCELLINI, CHARLES L<br>205 LENNOX ROAD W.<br>PALM HARBOR FL 34683 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 9. Capital Contributions as Shown on record. | 10. Amount of Capital Contributions in FLORIDA to date. | 11. MAKE CHECK PAYABLE TO DEPT. OF STATE<br>SEE REVERSE SIDE FOR FEE INFORMATION |
|---|---|---|
| $302,475.00 | | |

**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 | | 13. ADDRESS CHANGES ONLY | |
|---|---|---|---|
| DOCUMENT # | | STREET ADDRESS | |
| NAME | UCCELLINI, WALTER F. | | |
| STREET ADDRESS | THE CROSSWAY | CITY-ST-ZIP | |
| CITY-ST-ZIP | TROY NY 12180 | | |
| DOCUMENT # | | STREET ADDRESS | |
| NAME | KEARNS, GARRY J. | | |
| STREET ADDRESS | 5 MARATHON DR. | CITY-ST-ZIP | 400003196284--4 |
| CITY-ST-ZIP | TROY NY 12180 | | -04/05/00--01011--025 |
| DOCUMENT # | | STREET ADDRESS | ****535.00 ****535.00 |
| NAME | ADLEY, HARRY C. | | |
| STREET ADDRESS | 113 BIG PASS LANE | CITY-ST-ZIP | |
| CITY-ST-ZIP | SARASOTA FL 33581 | | |
| DOCUMENT # | F93000004752 | STREET ADDRESS | |
| NAME | WALTER UCCELLINI/UNITED GROUP OF COMPANIES | | |
| STREET ADDRESS | 80 STATE STREET, 8TH FLOOR | CITY-ST-ZIP | |
| CITY-ST-ZIP | ALBANY NY 12207 | | |
| DOCUMENT # | | STREET ADDRESS | |
| NAME | | | |
| STREET ADDRESS | | CITY-ST-ZIP | |
| CITY-ST-ZIP | | | |
| DOCUMENT # | | STREET ADDRESS | |
| NAME | | | |
| STREET ADDRESS | | CITY-ST-ZIP | |
| CITY-ST-ZIP | | | |

CR2E003 (9/99)

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 3/16/00

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