

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A28640**

1. Entity Name

**CLEARLAKE SQUARE PARTNERS, LTD.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 APR -3 PM 6:19



DO NOT WRITE IN THIS SPACE

Principal Place of Business %LOTHAR ESTEIN 5211 INTERNATIONAL DR. ORLANDO FL 32819	Mailing Address %LOTHAR ESTEIN 5211 INTERNATIONAL DR. ORLANDO FL 32819-9452
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number <b>65-0129010</b>	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent

**VEGOSEN, DEAN**  
500 S. AUSTRALIAN AVE.  
10TH FLOOR  
WEST PALM BEACH FL 33402-4388

7. Name and Address of New Registered Agent

Name **Lothar Estein**  
Street Address **5211 International Drive**  
City **Orlando** FL Zip Code **32819**

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.

**Lothar Estein, President of General Partner**

SIGNATURE DATE **3-30-00**

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. **\$2,000,000.00**

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 #	<b>K93159</b>
NAME	<b>WELP MANAGEMENT CORPORATION</b>
STREET ADDRESS	<b>500 S. AUSTRALIAN AVE.</b>
CITY - ST - ZIP	<b>WEST PALM BEACH FL</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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	<b>000003213230--0</b>
CITY - ST - ZIP	<b>-04/18/00--01104--008</b>
STREET ADDRESS	<b>****535.00 ****535.00</b>
CITY - ST - ZIP	<b>NYC</b>
CITY - ST - ZIP	<b>4/10</b>
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: **Lothar Estein** **407-354-3307**

**SIGNATURE REQUIRED** **3-30-00**

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

CR2E003 (9/99)