

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A96000000346**

1. Entity Name

WATERWAYS OF NAPLES, LIMITED

Principal Place of Business

**15292 SW 17 STREET
DAVIE FL 33326**

Mailing Address

**15292 SW 17 STREET
DAVIE FL 33326-2045**

2. Principal Place of Business

15342 SW 17 St

Suite, Apt. #, etc.

3. Mailing Address

15342 SW 17 St

Suite, Apt. #, etc.

City & State

DAVIE FL

City & State

DAVIE, FL

Zip

33326

Country

USA

Zip

33326

Country

USA

4. FEI Number

65-0678565

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ROBBINS, CHARLES D
KATZ, BARRON, SQUITERO, ET AL
2699 S BAYSHORE DRIVE
MIAMI FL 33133**

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

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.

\$550,000.00

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 # **P95000095040**
NAME **WATERWAYS DEVELOPMENT, INC.**
STREET ADDRESS **% 15292 SW 17 ST.**
CITY - ST - ZIP **DAVIE FL 33326**

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CITY - ST - ZIP

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13. ADDRESS CHANGES ONLY

STREET ADDRESS

15342 SW 17 St

CITY - ST - ZIP

DAVIE, FL 33326

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

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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:

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

Date

Daytime Phone #

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 MAY -1 PM 12:06



DO NOT WRITE IN THIS SPACE

CR2E003 (9/99)