

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000002741

1. Entity Name

5102 WESTSHORE ASSOCIATES, L.C.

FILED

00 JAN 19 AM 11:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

100 NORTH TAMPA STREET, SUITE 2650
TAMPA FL 33602

Mailing Address

100 NORTH TAMPA STREET, SUITE 2650
TAMPA FL 33602-5860

2. Principal Place of Business

5102 Westshore Blvd
Suite, Apt. #, etc.

City & State

Tampa, FL

Zip

33611

Country

3. Mailing Address

c/o Carl Marks & Co., Inc.
135 East 57th Street
Suite, Apt. #, etc.

City & State

27th Floor
New York, NY

Zip

10022

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

13-4047994

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BIVINS, ROBERT W

100 NORTH TAMPA STREET, SUITE 2650
TAMPA FL 33602

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

7. Name and Address of New Registered Agent

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE MGR
NAME SLOSS, DAVID A
STREET ADDRESS 135 EAST 57TH STREET
CITY-ST-ZIP NEW YORK NY 10022

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE MANAGING MEMBER
NAME ROBERT DAVID SLOSS
STREET ADDRESS 135 East 57th Street - 27th Floor
CITY-ST-ZIP New York, NY 10022

☒ Change

☐ Addition

TITLE MANAGER
NAME ROBERT SPEER
STREET ADDRESS 135 East 57th Street - 17th Floor
CITY-ST-ZIP New York, NY 10022

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STREET ADDRESS
CITY-ST-ZIP

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11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

212-909-8400