

# 2002 UNIFORM BUSINESS REPORT (UBR)

0014884 AT

DOCUMENT # A00000000904

1. Entity Name

BLACKWATER MANOR, LTD.

FILED

02 MAY -3 PM 1:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business

C/O STEVEN E. CLARK CPA  
700 11TH STREET SOUTH SUITE PH3  
NAPLES FL 34102

Mailing Address

C/O STEVEN E. CLARK CPA  
700 11TH STREET SOUTH SUITE PH3  
NAPLES FL 34102

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY MAY 1, 2002

4. FEI Number

59-3649456

Applied For

Not Applicable

Zip

Country

Zip

Country

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

PEARSON, WILLIAM M ESQ  
5551 RIDGEWOOD DRIVE  
SUITE 501  
NAPLES FL 34108

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.

DATE

9. Capital Contributions  
as Shown on record.

\$250,000.00

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

13. ADDRESS CHANGES ONLY

DOCUMENT # L00000006386  
NAME CLAMOR, LLC  
STREET ADDRESS 700 11TH STREET SOUTH SUITE PH3  
CITY-ST-ZIP NAPLES FL 34102

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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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*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

5-1-02

(941) 261-8022

CR2E003 (9/01)