

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A09739

1. Entity Name
WATERSIDE WOODS, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAY -5 PM 1:33

Principal Place of Business

2801 FRUITVILLE ROAD
SUITE 135
SARASOTA FL 34237

Mailing Address

2801 FRUITVILLE ROAD
SUITE 135
SARASOTA FL 34237-5358



2. Principal Place of Business

7267 BEE RIDGE ROAD
Suite, Apt. #, etc.

3. Mailing Address

7267 BEE RIDGE ROAD
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

SARASOTA, FL

City & State

SARASOTA, FL

4. FEI Number

59-2072361

Applied For

Not Applicable

Zip

34241

Country

SARASOTA

Zip

34241

Country

SARASOTA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

REGAN, DONALD T., JR.
2801 FRUITVILLE ROAD
SUITE 135
SARASOTA FL 34237

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
7267 BEE RIDGE ROAD
City SARASOTA, FL FL Zip Code 34241

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.

\$365,510.00

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 #
NAME REGAN, DONALD T., JR.
STREET ADDRESS 2801 FRUITVILLE ROAD
CITY - ST - ZIP SARASOTA FL 34237

13. ADDRESS CHANGES ONLY

STREET ADDRESS 7267 BEE RIDGE ROAD
CITY - ST - ZIP SARASOTA, FL 34241

DOCUMENT #
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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2-ETC (4/95)