

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A10052**

1. Entity Name

CLEARWATER ASSOCIATES, LIMITED PARTNERSHIP

Principal Place of Business

**1000 N. KEENE ROAD
CLEARWATER FL 34615**

Mailing Address

**POST OFFICE BOX 799
ALBANY NY 12201**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DUE BY SEPTEMBER 26, 2001

4. FEI Number **14-1622382**

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**UCCELLINI, CHARLES L
205 LENNOX ROAD W.
PALM HARBOR FL 34683**

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.

\$302,475.00

10. Amount of Capital Contributions in FLORIDA to date.

\$ 302,475.00

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 **UCCELLINI, WALTER F.**
STREET ADDRESS **THE CROSSWAY**
CITY-ST-ZIP **TROY NY 12180**

DOCUMENT #
NAME **KEARNS, GARRY J.**
STREET ADDRESS **5 MARATHON DR.**
CITY-ST-ZIP **TROY NY 12180**

DOCUMENT #
NAME **ADLEY, HARRY C.**
STREET ADDRESS **113 BIG PASS LANE**
CITY-ST-ZIP **SARASOTA FL 33581**

DOCUMENT #
NAME **F93000004752**
STREET ADDRESS **WALTER UCCELLINI/UNITED GROUP OF COMPANIES**
CITY-ST-ZIP **80 STATE STREET, 8TH FLOOR
ALBANY NY 12207**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

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STREET ADDRESS

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STREET ADDRESS

CITY-ST-ZIP

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******935.00 ****935.00**

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
WALTER F. UCCELLINI
General Partner

9/20/01

518-434-2801

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2003 (5/01)

STAPLE CHECK HERE