

# 2004 LIMITED PARTNERSHIP REINSTATEMENT

FILED  
2004 DEC -9 AM 10:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

11152004 REIN-LP CR2E100 (6/04)

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

7. Name and Address of New Registered Agent

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

DATE

9. Capital Contributions as Shown on record... \$302,475.00

10. Amount of Capital Contributions in FLORIDA to date.

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

STREET ADDRESS

CITY-ST-ZIP

UCCELLINI, WALTER F.  
THE CROSSWAY  
TROY, NY 12180

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

KEARNS, GARRY J.  
5 MARATHON DR.  
TROY, NY 12180

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

ADLEY, HARRY C.  
113 BIG PASS LANE  
SARASOTA, FL 33581

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

F93000004752  
WALTER UCCELLINI/UNITED GROUP OF COMPANIES  
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

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

5000743611635

12/23/04--01033--001 \*\*1026.25

REINSTATEMENT 04

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 #

12.6.04

STAPLE CHECK HERE