

# 2001 UNIFORM BUSINESS REPORT (UBR)

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APPROVED  
AND  
FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

**DOCUMENT #** A21546  
**i. Entity Name**  
 WATER STREET INVESTORS LIMITED

**Principal Place of Business**      **Mailing Address**  
 3100 UNIVERSITY BLVD SOUTH      3100 UNIVERSITY BLVD SOUTH  
 SUITE 200      SUITE 200  
 JACKSONVILLE FL 32216      JACKSONVILLE FL 32216

<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

**4. FEI Number** 59-2879549      ☐ **Applied For**  
 Not Applicable

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
 BROWN, GERALDINE G  
 3100 UNIVERSITY BLVD. SOUTH  
 SUITE 200  
 JACKSONVILLE FL 32216

**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 \_\_\_\_\_

<b>9. Capital Contributions as Shown on record.</b> \$500.00	<b>10. Amount of Capital Contributions in FLORIDA to date.</b> \$500.00	<b>11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION</b>
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**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 #	J69900	STREET ADDRESS	
NAME	THE CLARKSON COMPANY	CITY-ST-ZIP	
STREET ADDRESS	3100 UNIVERSITY BLVD. SO. #200		
CITY-ST-ZIP	JACKSONVILLE, FL 32216		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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DOCUMENT #		STREET ADDRESS	
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CITY-ST-ZIP			

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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:** Patricia H. Clarkson      4/26/01      904-359-0045  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER      Date      Daytime Phone #  
 Patricia H. Clarkson, Vice President, The Clarkson Company