

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A26392**

1. Entity Name

LAKE WORTH WATERSIDE LIMITED PARTNERSHIP

Principal Place of Business

**2415 TENTH AVENUE NORTH
LAKE WORTH FL 33461**

Mailing Address

**2415 TENTH AVENUE NORTH
LAKE WORTH FL 33461-3128**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

mf FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 APR 17 AM 11:43



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0050789

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

**MAYHUT, MARY M
INTERNATIONAL PROPERTY MGMT. & DEVELOPMENT
2415 10TH AVE.
LAKE WORTH FL 33461**

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.

\$10.00

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 # **K23104**
NAME **WEISERT WATERSIDE CORP.**
STREET ADDRESS **2415 TENTH AVE., NORTH**
CITY - ST - ZIP **LAKE WORTH FL**

STREET ADDRESS

CITY - ST - ZIP

400003239894--9
-05/04/00--01085--011
******141.25 ****141.25**

DOCUMENT #
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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:

MARTINA SCHEERBAUM
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

MARTINA SCHEERBAUM 4/13/00 561 968-9382

Date

Daytime Phone #

CR2E003 (9/99)