

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A27408**

1. Entity Name

**N.S.I. VENTURE FUND III - WESTSHORE CLUB CONDOMI**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 APR 24 AM 3:05

Principal Place of Business  
**3040 GULF TO BAY BLVD #205  
CLEARWATER FL 33759**

Mailing Address  
**3040 GULF TO BAY BLVD #205  
CLEARWATER FL 33759-4318**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **38-2860888**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**POSTON, WILLIAM G  
% NSI MANAGEMENT, INC.  
3040 GULF TO BAY BLVD #205  
CLEARWATER FL 33759**

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.

**\$550,000.00**

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 # **M98836**  
NAME **WESTSHORE CLUB II CONDOMINIUM ACQUISITION C**  
STREET ADDRESS **3040 GULF TO BAY BLVD #205**  
CITY - ST - ZIP **CLEARWATER FL 33759**

STREET ADDRESS

CITY - ST - ZIP

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**-05/19/00--01014--003**  
**\*\*\*526.25 \*\*\*526.25**

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**

4-20-00

727-725-9537

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/99)