


# 2001 UNIFORM BUSINESS REPORT (UBR)

0010196 AF

**DOCUMENT # A27408**

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

**FILED**  
**01 APR -5 AM 11:05**  
**SECRETARY OF STATE**  
**TALLAHASSEE FLORIDA**



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

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

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number **31-1254307**  
**00-2000000** Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
**POSTON, WILLIAM G**  
**% NSI MANAGEMENT, INC.**  
**3040 GULF TO BAY BLVD #205**  
**CLEARWATER FL 33759**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

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 # NAME STREET ADDRESS CITY-ST-ZIP	<b>M98836</b> <b>WESTSHORE CLUB II CONDOMINIUM ACQUISITION C</b> <b>3040 GULF TO BAY BLVD #205</b> <b>CLEARWATER FL 33759</b>	STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	<b>800003996018--4</b> <b>-04/13/01--01012--017</b> <b>****526.25 ****526.25</b>
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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:**  **SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date **4/4/01** Daytime Phone #

CR2E003 (11/00)