

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0013419 AT

DOCUMENT # **A27408**

1. Entity Name
N.S.I. VENTURE FUND III - WESTSHORE CLUB CONDOMINIUMS LIMITED PARTNERSHIP



FILED

2003 APR 21 PM 2:25

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



Principal Place of Business
**5215 S. WESTSHORE BLVD. #29
TAMPA FL 33611**

Mailing Address
**5215 S. WESTSHORE BLVD. #29
TAMPA FL 33611**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY MAY 1, 2003

Zip

Country

Zip

Country

4. FEI Number **31-1254307**

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

**POSTON, WILLIAM G
% NSI MANAGEMENT, INC.
5215 S. WESTSHORE BLVD. #29
TAMPA FL 33611**

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. **\$550,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. 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 **5215 S. WESTSHORE BLVD. #29**
CITY-ST-ZIP **TAMPA, FL 33611**

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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 3/21/03**

813-837-6729

Date Daytime Phone #

CR2E003 (10/02)