

# 2001 UNIFORM BUSINESS REPORT (UBR)

0002469 AF

**DOCUMENT # A28640**

1. Entity Name

**CLEARLAKE SQUARE PARTNERS, LTD.**

**FILED**

01 MAR -7 AM 11:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

%LOTHAR ESTEIN  
5211 INTERNATIONAL DR.  
ORLANDO FL 32819

Mailing Address

%LOTHAR ESTEIN  
5211 INTERNATIONAL DR.  
ORLANDO FL 32819



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

65-0129010

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

**ESTEIN, LOTHAR**  
**5211 INTERNATIONAL DRIVE**  
**ORLANDO FL 32819**

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.

**\$2,000,000.00**

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 # **K93159**  
NAME **WELP MANAGEMENT CORPORATION**  
STREET ADDRESS **500 S. AUSTRALIAN AVE.**  
CITY-ST-ZIP **WEST PALM BEACH FL**

STREET ADDRESS **5211 INTERNATIONAL DRIVE**  
CITY-ST-ZIP **ORLANDO FL 32819**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

**400003829274-0**  
**-03/09/01-01135 018**  
**\*\*\*535.00 \*\*\*535.00**

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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

**LOTHAR ESTEIN**

**3/2/01**  
Date

**407-354-3307**  
Daytime Phone #

CR2E003 (11/00)