

2000 UNIFORM BUSINESS REPORT (UBR)

0002465

DOCUMENT # **A30232**

1. Entity Name

CLEARWATER COMMUNITY IMAGING CENTER LIMITED PART

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 SEP -1 AM 10: 02

Principal Place of Business

**2250 DREW STREET
CLEARWATER FL 34625**

Mailing Address

**2250 DREW STREET
CLEARWATER FL 34625**

2. Principal Place of Business

3. Mailing Address

3281 Landmark DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Clearwater, FL.

4. FEI Number

65-0201750

Applied For

Not Applicable

Zip

Country

Zip

Country

33761

US

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

**WEILAND, DOUGLAS, M.D.
2250 DREW STREET
CLEARWATER FL 34625**

Name

Douglas J Weiland

Street Address (P.O. Box Number is Not Acceptable)

3281 Landmark DR.

City

Clearwater

FL

Zip Code

33761

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

8/25/00

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 # **L86419**
NAME **DJW PROPERTIES, INC.**
STREET ADDRESS **2250 DREW STREET**
CITY-ST-ZIP **CLEARWATER FL**

STREET ADDRESS

3281 Landmark DR.

CITY-ST-ZIP

Clearwater, FL 33761

DOCUMENT #
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STREET ADDRESS

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

8/25/00

727/424-2111

CR2E003 (5/00)