

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A30232**

1. Entity Name

CLEARWATER COMMUNITY IMAGING CENTER LIMITED PART

Principal Place of Business

**2250 DREW STREET
CLEARWATER FL 34625**

Mailing Address

**3281 LANDMARK DR.
CLEARWATER FL 33761**

FILED

01 MAY 18 AM 11:29

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3281 Landmark Drive

3. Mailing Address

Suite, Apt. #, etc.

City & State

Clearwater, FL

City & State

Zip

33761

Country

USA

Zip

Country

4. FEI Number

65-0201750

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

WEILAND, DOUGLAS, M.D.

3281 LANDMARK DR.

CLEARWATER FL 33761

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

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.

\$10.00

10. Amount of Capital Contributions
in FLORIDA to date.

\$300,000.00

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

DOCUMENT # **L86419**
NAME **DJW PROPERTIES, INC.**
STREET ADDRESS **3281 LANKMARK DR.**
CITY-ST-ZIP **CLEARWATER FL 33761**

13. ADDRESS CHANGES ONLY

STREET ADDRESS **3281 Landmark Drive**
CITY-ST-ZIP **Clearwater, FL 33761**

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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:

REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

727-772-0085
Daytime Phone #

CR2E003 (11/00)