

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A94000001792

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1. Entity Name  
**WATERSIDE AT BAY BEACH, LTD.**

Principal Place of Business 7401 ESTERO BOULEVARD FORT MYERS BEACH FL 33931	Mailing Address 7401 ESTERO BOULEVARD FORT MYERS BEACH FL 33931-4751
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2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip

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

**FILED**  
**00 JAN 27 PM 3: 21**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>65-0549226</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

<b>6. Name and Address of Current Registered Agent</b>  <b>STERLING, JACK</b> <b>C/O CARLTON LAKES</b> <b>2405 PIPER BLVD.</b> <b>NAPLES FL 34110</b>	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 \_\_\_\_\_

9. Capital Contributions as Shown on record. <b>\$4,000,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date.	11. <b>MAKE CHECK PAYABLE TO DEPT. OF STATE</b> <b>SEE REVERSE SIDE FOR FEE INFORMATION</b>
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**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>P96000056258</b> <b>WATERSIDE PARTNERS, INC.</b> <b>7401 ESTERO BOULEVARD</b> <b>FORT MYERS BEACH FL 33931</b>	STREET ADDRESS CITY - ST - ZIP	<b>000003118360--1</b> <b>-02/01/00--01066--024</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:** Robert M. [Signature] **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER** **1/19/2000** **941-596-9067 x25**  
Date Daytime Phone #

CFR2E003 (9/99)