

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A94000001792

1. Entity Name

WATERSIDE AT BAY BEACH, LTD.

FILED

00 JAN 27 PM 3:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
7401 ESTERO BOULEVARD  
FORT MYERS BEACH FL 33931

Mailing Address  
7401 ESTERO BOULEVARD  
FORT MYERS BEACH FL 33931-4751

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0549226

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

STERLING, JACK  
C/O CARLTON LAKES  
2405 PIPER BLVD.  
NAPLES FL 34110

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.

\$4,000,000.00

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 # P96000056258  
NAME WATERSIDE PARTNERS, INC.  
STREET ADDRESS 7401 ESTERO BOULEVARD  
CITY - ST - ZIP FORT MYERS BEACH FL 33931

STREET ADDRESS

CITY - ST - ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1/19/2000

Date

941-596-9067 x25

Daytime Phone #

CR2E003 (9/99)