

# 2002 UNIFORM BUSINESS REPORT (UBR)

0015064 AT

**DOCUMENT # A94000001792**

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

**FILED**  
02 JAN 18 AM 12:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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

Mailing Address: **6025 CARLTON LAKES BLVD. NAPLES FL 34110**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

**DUE BY MAY 1, 2002**

4. FEI Number **65-0549226**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**STERLING, JACK**  
**6025 CARLTON LAKES BLVD.**  
**NAPLES FL 34110**

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 \_\_\_\_\_ DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

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 |                                  |
|---------------------------------|----------------------------------|
| DOCUMENT #                      | <b>P96000056258</b>              |
| NAME                            | <b>WATERSIDE PARTNERS, INC.</b>  |
| STREET ADDRESS                  | <b>7401 ESTERO BOULEVARD</b>     |
| CITY-ST-ZIP                     | <b>FORT MYERS BEACH FL 33931</b> |
| DOCUMENT #                      |                                  |
| NAME                            |                                  |
| STREET ADDRESS                  |                                  |
| CITY-ST-ZIP                     |                                  |
| DOCUMENT #                      |                                  |
| NAME                            |                                  |
| STREET ADDRESS                  |                                  |
| CITY-ST-ZIP                     |                                  |
| DOCUMENT #                      |                                  |
| NAME                            |                                  |
| STREET ADDRESS                  |                                  |
| CITY-ST-ZIP                     |                                  |
| DOCUMENT #                      |                                  |
| NAME                            |                                  |
| STREET ADDRESS                  |                                  |
| CITY-ST-ZIP                     |                                  |

| 13. ADDRESS CHANGES ONLY |   |
|--------------------------|---|
| STREET ADDRESS           |   |
| CITY-ST-ZIP              |   |
| STREET ADDRESS           | <b>600004794836--3</b>                                    |
| CITY-ST-ZIP              | <b>01/24/02 01070 014</b><br><b>****526.25 ****526.25</b> |
| STREET ADDRESS           |   |
| CITY-ST-ZIP              |   |
| STREET ADDRESS           |   |
| CITY-ST-ZIP              |   |
| STREET ADDRESS           |   |
| CITY-ST-ZIP              |   |
| 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: *Robert G. Claussen* **Robert G. Claussen** 1/10/02 596-9067

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

CR2E003 (9/01)