

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A97000002805**

1. Entity Name

THE CLEARWATER GROUP, LTD., A FLORIDA LIMITED PA

Principal Place of Business

**1253 PARK STREET
CLEARWATER FL 33756**

Mailing Address

**1253 PARK STREET
CLEARWATER FL 33756**

FILED

00 DEC 26 AM 8:29

SECRETARY OF STATE



2

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

BBR Properties, Inc.

3. Mailing Address

6000 Lake Forrest Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 560

City & State

City & State

Atlanta, GA

4. FEI Number

58-2361608

Applied For

Not Applicable

Zip

Country

Zip

Country

30328

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**WARD, R. CARLTON ESQ.
1253 PARK STREET
CLEARWATER FL 33756**

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.

\$100.00

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 # **F97000006787**
NAME **BBR PROPERTIES, INC.**
STREET ADDRESS **2026 POWERS FERRY ROAD, #250**
CITY-ST-ZIP **ATLANTA GA 30339**

13. ADDRESS CHANGES ONLY

STREET ADDRESS **6000 Lake Forrest Drive, Suite 560**
CITY-ST-ZIP **Atlanta, GA 30328**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

400003535814-8

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

**-01/12/01--01065--001
****141.25 ****141.25**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
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:

SIC
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

8-7-00 404 943-0100

Date

Daytime Phone #

0002293 AF

CR2E003 (5/00)