

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A99000000640**

1. Entity Name

**WILTON PARTNERS CLEARWATER, LTD.**

**FILED**  
**May 02, 2000 8:00 am**  
**Secretary of State**

Principal Place of Business

**11022 SANTA MONICA BLVD., SUITE 450  
LOS ANGELES CA 90025**

Mailing Address

**11022 SANTA MONICA BLVD., SUITE 450  
LOS ANGELES CA 90025-7513**

2. Principal Place of Business

**11111 Santa Monica Blvd.**

Suite, Apt. #, etc.  
**Suite 500**

City & State

**Los Angeles, CA**

Zip

**90025**

Country

**USA**

3. Mailing Address

**11111 Santa Monica Blvd.**

Suite, Apt. #, etc.  
**Suite 500**

City & State

**Los Angeles, CA**

Zip

**90025**

Country

**USA**

FILED IN FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number

☒ Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

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.

**\$1,000.00**

10. Amount of Capital Contributions  
in FLORIDA to date.

**-0-**

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 # **F99000002031**  
NAME **WILTON CLEARWATER G.P. CORP.**  
STREET ADDRESS **11022 SANTA MONICA BLVD., SUITE 450**  
CITY - ST - ZIP **LOS ANGELES CA 90025**

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13. ADDRESS CHANGES ONLY

STREET ADDRESS

**11111 Santa Monica Blvd., Suite 500**

CITY - ST - ZIP

**Los Angeles, CA 90025**

STREET ADDRESS

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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

**Jay H. Wilton, President**

SIGNATURE:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**General Partner**

**4/20/00**

**(310) 444-6377**

Date

Daytime Phone #

CR 0003 (1/99)