

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B97000000480

1. Entity Name

PARKSIDE CLEARWATER ASSOCIATES, L.P.

FILED

00 JAN 18 AM 11:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

% ALLEN WEBER
2525 PALMER AVENUE
NEW ROCHELLE NY 10801

% ALLEN WEBER
2525 PALMER AVENUE
NEW ROCHELLE NY 10801-4476

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

13-3960075

Applied For

Not Applicable

Zip

Country

Zip

Country

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

WEBER, GARY
1250 S. MILITARY TRAIL #1616
DEERFIELD BEACH FL 33442

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.

\$600,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

600,000

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 # M97000000594
NAME SPAW REALTORS, LLC
STREET ADDRESS 2525 PALMER AVENUE
CITY - ST - ZIP NEW ROCHELLE NY 10801

STREET ADDRESS

CITY - ST - ZIP

9000003107169--0

01/24/00-01004-002

***526.25 ***526.25

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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

SPAW Realtors, LLC.

SIGNATURE:

SIGNATURE REQUIRED

1/11/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #