

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **B97000000480**

1. Entity Name

**PARKSIDE CLEARWATER ASSOCIATES, L.P.**

Principal Place of Business

% ALLEN WEBER  
2525 PALMER AVENUE  
NEW ROCHELLE NY 10801

Mailing Address

% ALLEN WEBER  
2525 PALMER AVENUE  
NEW ROCHELLE NY 10801

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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.

\$ 600,000.00

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

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02/06/01-01113-005

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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:

SPAW REALTORS, LLC

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Member

1/25/01

Date

914-636-8400

Daytime Phone #

CR2E003 (11/00)