

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B97000000480

1. Entity Name
PARKSIDE CLEARWATER ASSOCIATES, L.P.



FILED
03 APR 24 AM 9:14

STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
% ALLEN WEBER
2525 PALMER AVENUE
NEW ROCHELLE NY 10801

Mailing Address
% ALLEN WEBER
2525 PALMER AVENUE
NEW ROCHELLE NY 10801



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2003

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
LESLIE NEWMARK
Street Address (P.O. Box Number is Not Acceptable)
6010 NW 23rd TERRACE
City
BOCA RATON FL Zip Code
33496

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Leslie Newmark LESLIE NEWMARK
Signature, typed or printed name of registered agent and title if applicable.

4/16/03
DATE

9. Capital Contributions as Shown on record. \$600,000.00

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. 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

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

200016980572
04/24/03--01086--016 **526.25

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: S. SPAW REALTY LLC

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

ALLEN WEBER MEMBER

4/16/03

Date

Daytime Phone #

CR2E003 (10/02)

0018760 MB