

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L98000002741**

1. Entity Name

5102 WESTSHORE ASSOCIATES, L.C.

Principal Place of Business

Mailing Address

**5102 S. WESTSHORE BLVD.
TAMPA FL 33611**

**C/O CARL MARSK CO., INC.
135 EAST 57TH STREET, 27TH FLOOR
NEW YORK NY 10022**

2. Principal Place of Business

3. Mailing Address

C/O CARL MARSK CO., INC.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BIVINS, ROBERT W
100 NORTH TAMPA STREET, SUITE 2650
TAMPA FL 33602**

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

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Department of State
Due By September 26, 2001**

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-07/17/01--01096--012

*******50.00 *****50.00**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
DAVIDOFF, ROBERT
135 EAST 57TH STREET
NEW YORK NY 10022** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
SPEER, ROBERT
135 EAST 57TH STREET
NEW YORK NY 10022** ☐ Delete

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

6/28/01 212-889-8400

Date

Daytime Phone #

**FILED
01 JUL -6 PM 4: 50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

CR2E083 (5/01)

STAPLE CHECK HERE