

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P96000056258**1. Entity Name
WATERSIDE PARTNERS, INC.**FILED**
Apr 13, 2001 8:00 am
Secretary of State

04-13-2001 90092 032 ***150.00

Principal Place of Business
**7401 ESTERO BOULEVARD
FORT MYERS BEACH FL 33931**Mailing Address
**7401 ESTERO BOULEVARD
FORT MYERS BEACH FL 33931****00036419**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

6025 CARLTON LAKES BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
NAPLES, FL4. FEI Number **65-0683032**

Applied For

Not Applicable

Zip

Country

Zip

Country

34110**USA**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****CARLTON LAKES
~~2405 PIPER BLVD~~
ATTN: JACK STERLING
NAPLES FL 34110**

Name

Street Address (P.O. Box Number is Not Acceptable)

6025 CARLTON LAKES BLVD

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. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees****11. OFFICERS AND DIRECTORS****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE **D** ☐ Delete
NAME **CLAUSSEN, ROBERT G**
STREET ADDRESS **7401 ESTERO BOULEVARD**
CITY-ST-ZIP **FORT MYERS BEACH FL 33931**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **CLAUSSEN, CHRISTOPHER G**
STREET ADDRESS **7401 ESTERO BOULEVARD**
CITY-ST-ZIP **FORT MYERS BEACH FL 33931**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **THOMPSON, STEPHEN R**
STREET ADDRESS **7401 ESTERO BOULEVARD**
CITY-ST-ZIP **FORT MYERS BEACH FL 33931**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-11-01

Date

9415969067 x24

Daytime Phone #

CR2E034 (10/00)