

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A00000000670

1. Entity Name

O'MEARA FAMILY LIMITED PARTNERSHIP

Principal Place of Business

350 KINGSTOWN DRIVE
NAPLES FL 34102

Mailing Address

350 KINGSTOWN DRIVE
NAPLES FL 34102

2. Principal Place of Business

401 BAYFRONT PLACE

3. Mailing Address

401 BAYFRONT PLACE

Suite, Apt. #, etc.

UNIT #3506

Suite, Apt. #, etc.

UNIT #3506

City & State

NAPLES, FL

City & State

NAPLES, FL

Zip

34102

Country

USA

Zip

34102

Country

USA

4. FEI Number

59-3646507

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

COX, JOSEPH B ESQ.

C/O COX AND NICI

5811 PELICAN BAY BLVD., SUITE 300

NAPLES FL 34108

7. Name and Address of New Registered Agent

Name

COX, JOE B. ESQ.

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

c/o COX AND NICI

3001 TAMiami TRAIL N., SUITE 100

City

NAPLES

FL

Zip Code
34103

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.

\$500,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

\$500,000.00

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

DOCUMENT # P00000039403
NAME O'MEARA FAMILY ENTERPRISES, INC.
STREET ADDRESS 350 KINGSTOWN DRIVE
CITY-ST-ZIP NAPLES FL 34102

13. ADDRESS CHANGES ONLY

STREET ADDRESS 401 BAYFRONT PLACE, UNIT #3506
CITY-ST-ZIP NAPLES, FL 34102

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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

By: O'MEARA FAMILY ENTERPRISES, INC.

O'MEARA FAMILY LIMITED PARTNERSHIP

SIGNATURE:

WILLIAM J. O'MEARA, SR., PRESIDENT

Date

Daytime Phone #

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FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE