

2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

02 APR 26 PM 1:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A00000000670

1. Entity Name

O'MEARA FAMILY LIMITED PARTNERSHIP

Principal Place of Business

401 BAYFRONT PLACE, UNIT #3506
NAPLES FL 34102

Mailing Address

401 BAYFRONT PLACE, UNIT #3506
NAPLES FL 34102

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3646507

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

COX, JOSEPH B ESQ.
C/O COX AND NICI
3001 TAMiami TRAIL N., SUITE 100
NAPLES FL 34103

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.

DATE

9. Capital Contributions
as Shown on record.

\$500,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

\$390,000.00

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 # P00000039403
NAME O'MEARA FAMILY ENTERPRISES, INC.
STREET ADDRESS 401 BAYFRONT PLACE, UNIT #3506
CITY-ST-ZIP NAPLES FL 34102

STREET ADDRESS

CITY-ST-ZIP

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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. O'Meara Family Limited Partnership

By: O'Meara Family Enterprises, Inc.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

William J. O'Meara, Sr., President (941)659-5975

Date

Daytime Phone #

CR2E003 (9/01)

0014920 AT