

2001 UNIFORM BUSINESS REPORT (UBR)

001478 AF

DOCUMENT # A95000001288

1. Entity Name
DWYER FAMILY LIMITED PARTNERSHIP

FILED

01 MAY 29 AM 9:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

MJH

| | |
|---|---|
| Principal Place of Business 2100 ELECTRONICS LANE FORT MYERS FL 33912 | Mailing Address 2100 ELECTRONICS LANE FORT MYERS FL 33912 |
|---|---|

| | |
|--------------------------------|---------------------|
| 2. Principal Place of Business | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip | Country |

| | |
|------------------------------------|--|
| 4. FEI Number 65-0612364 | Applied For <input type="checkbox"/> Not Applicable |
|------------------------------------|--|

6. Name and Address of Current Registered Agent

**DWYER, JAMES A JR
2100 ELECTRONICS LANE
FORT MYERS FL 33912**

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| | | |
|---|---|--|
| 9. Capital Contributions as Shown on record. \$154,400.00 | 10. Amount of Capital Contributions in FLORIDA to date. | 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 # | NAME | STREET ADDRESS | CITY-ST-ZIP |
| | DWYER, JAMES A JR. | 2100 ELECTRONICS LANE | FORT MYERS FL 33912 |

13. ADDRESS CHANGES ONLY

| | |
|----------------|------------------------------|
| STREET ADDRESS | CITY-ST-ZIP |
| | 300004422099--5 |
| STREET ADDRESS | CITY-ST-ZIP |
| | -06/15/01--01045--015 |
| | ****526.25 ****526.25 |

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: **SIGNATURE REQUIRED** **4/21/01** **941-489-1600**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CP2E003 (11/00)