

2000 UNIFORM BUSINESS REPORT (UBR)

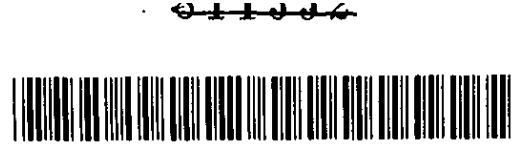
FILED
Feb 10, 2000 8:00 am
Secretary of State

02-10-2000 90041 049 ***150.00

DOCUMENT # P39443

1. Entity Name
1100 FIFTH AVENUE PARTNERS, INC.

Principal Place of Business 1100 5TH AVENUE SOUTH SUITE 301 NAPLES FL 33940 US	Mailing Address 1100 5TH AVENUE SOUTH SUITE 301 NAPLES FL 34102-6407 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 13-3567613	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**KEELER, MICHAEL W
 1100 5TH AVENUE SOUTH
 SUITE 301
 NAPLES FL 33940**

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. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.
FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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	
TITLE C	<input type="checkbox"/> Delete
NAME DALTON, TIMOTHY	
STREET ADDRESS 1100 5TH AVE. SOUTH SUITE 301	
CITY-ST-ZIP NAPLES FL	
TITLE VT	<input type="checkbox"/> Delete
NAME HARTMAN, JAMES F.	
STREET ADDRESS 1100 5TH AVE SOUTH SUITE 301	
CITY-ST-ZIP NAPLES FL	
TITLE PS	<input type="checkbox"/> Delete
NAME GREINER, KENNETH J.	
STREET ADDRESS 1100 5TH AVE SOUTH SUITE 301	
CITY-ST-ZIP NAPLES FL	
TITLE V	<input type="checkbox"/> Delete
NAME MAHER, KEVIN J.	
STREET ADDRESS 1100 5TH AVE SOUTH SUITE 301	
CITY-ST-ZIP NAPLES FL	
TITLE V	<input type="checkbox"/> Delete
NAME KEELER, MICHAEL W	
STREET ADDRESS 1100 5TH AVE SOUTH SUITE 301	
CITY-ST-ZIP NAPLES FL	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: Michael W. Keeler Date: 2/1/00 Daytime Phone #: 941-261-3500
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)