

2001 UNIFORM BUSINESS REPORT (UBR)

UBR-2001 A1

DOCUMENT # A0000000299
 1. Entity Name
THE NAPLES FAMILY LIMITED PARTNERSHIP

FILED
 01 JUL 19 AM 8:47
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



Principal Place of Business
**4320 LIVE OAK BOULEVARD
 PALM HARBOR FL 34685**

Mailing Address
**4320 LIVE OAK BOULEVARD
 PALM HARBOR FL 34685**

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

DUE BY SEPTEMBER 26, 2001

4. EEI Number
59-3625520

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**NAPLES, JOHN D
 4320 LIVE OAK BOULEVARD
 PALM HARBOR FL 34685**

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. **\$282,750.00**

10. Amount of Capital Contributions in FLORIDA to date. **\$282,750.00**

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 #	NAPLES, JOHN D
NAME	4320 LIVE OAK BOULEVARD
STREET ADDRESS	PALM HARBOR FL 34685
CITY-ST-ZIP	
DOCUMENT #	NAPLES, JEANNE M
NAME	4320 LIVE OAK BOULEVARD
STREET ADDRESS	PALM HARBOR FL 34685
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY

STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
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

SIGNATURE: *John D. Naples* **SIGNATURE REQUIRED**

727-773-1311

STAPLE CHECK HERE

CR2E003 (5/01)