


# 2002 UNIFORM BUSINESS REPORT (UBR)

0016022 AT

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

**FILED**  
**02 APR 19 PM 1:59**  
 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 MAY 1, 2002**

4. FEI 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 *[Signature]*  
 Signature, typed or printed name of registered agent and title if applicable.

4-15-02  
 DATE

9. Capital Contributions as Shown on record. **\$282,750.00**

10. Amount of Capital Contributions in FLORIDA to date. **175,800**

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 & JEANNE M. TENANTS BY ENTIRETIES	
NAME		
STREET ADDRESS	4320 LIVE OAK BOULEVARD	
CITY-ST-ZIP	PALM HARBOR FL 34685	
DOCUMENT #	NAPLES, JEANNE M	
NAME		
STREET ADDRESS	4320 LIVE OAK BOULEVARD	
CITY-ST-ZIP	PALM HARBOR FL 34685	
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	400005395344--0
CITY-ST-ZIP	-04/30/02--01079--009 ****526.25 ****526.25
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
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: *[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4-15-02 727-773-1311  
 Date Daytime Phone #

CR2E003 (9/01)