

# 2001 UNIFORM BUSINESS REPORT (UBR)

0010631 AF

DOCUMENT # A00000001062

1. Entity Name

O'MEARA FAMILY INVESTMENT MANAGEMENT LIMITED PAR

FILED

01 APR 24 PM 6 08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

59-3656131

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

5811 PELICAN BAY BLVD., SUITE 300

NAPLES FL 34108

Name

COX, JOE B. ESQ.

Street Address (P.O. Box Number is Not Acceptable)

x/o COX AND NICI

3001 TAMiami TRAIL N., SUITE 100

City

NAPLES

FL

Zip Code

34103

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions  
as Shown on record.

\$17,800,000.00

10. Amount of Capital Contributions  
in FLORIDA to date.

\$17,800,000.00

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

DOCUMENT #  
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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

By: O'MEARA FAMILY ENTERPRISES, INC.

O'MEARA FAMILY INVESTMENT MANAGEMENT  
LIMITED PARTNERSHIP

SIGNATURE:

Date

Daytime Phone #

CR2E003 (11/00)