## 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A12769						
1. Entity Name G.L.'S OAR HOUSE, LTD.				SECRETARY OF STALE DIVISION OF CORPORATIONS		
Principal Place of Business P. O. BOX 926 PONTE VEDRA BEACH FL 32004  Mailing Address P. O. BOX 926 PONTE VEDRA BEACH FL 32004			22004-06	206	OO FEB 18 AM 8: 51	
PUNIC VEUK	A BEACH IL J2004	PONTE VEDRA BEACH FL	32004-03	3 <b>2.</b> 0		
2. Principal F	Place of Business	3. Mailing Address	3. Mailing Address			
Suite, Apt.	#, etc	Sülte, Apt. #, etc.			DO NOT WRITE IN THIS SPACE	
City & State City		City & State	City & State		4. FEI Number 59-2206694 Applied For Not Applicable	
Zip	Zip Country Zip		Country		5. Certificate of Status Desired	
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent	
DEOMEDICO MILLIAM II				Name		
BECKERLEG, WILLIAM H. 637 PARK ST.				Street Address (P.O. Box Number is Not Acceptable)		
JACKSONVILLE FL 32204			ľ		1	
William William				City FL Zip Code		
8. The above	named entity submits this statement to	or the purpose of changing its r	egistere	d office or re	egistered 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 r	required when reinstating) DATE	
9. Capital Contributions as Shown on record. \$5,000.00 10. Amount of Capital Coin FLORIDA to date.				utions	SAME 11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION	
	A GENERAL PARTNER NOTE: General Partners M.	THAT IS A BUSINESS ENT AY NOT be changed on the	TITY MU e form;	IST BE RE an amend	EGISTERED AND ACTIVE WITH THIS OFFICE.  Imment must be filed to change a general partner.	
12. GENERAL PARTNER INFORMATION			13.		ADDRESS CHANGES ONLY	
DOCUMENT #	LEARY, GENE A. 214 SOUTH ROSCOE BLVD.	STI		T ADDRESS	4415 Mickleh Rd	
STREET ADDRESS CITY-ST-ZIP	PONTE VEDRA BCH FL	• . •	CITY-	ST-ZIP	Ponte Vedra Boh FL	
DOCUMENT# 3	EDE VICEOR		STREE	T ADDRESS		
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DOCUMENT#			STREE	T ADDRESS		
STREET ADORESS CITY-ST-ZIP			CITY-	ST-ZIP		
14 I hereby	certify that the information supplied wit on this report is true and accurate and	h this filing does not qualify for I that my signature shall have th	the exen	nption stated legal effect a	d in Section 119.07(3)(i), Florida Statutes. I further certify that the information as if made under oath; that I am a General Partner of the limited partnership or	

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTIES

2-15-00 9

110-330-7919

Daytime Phone #