

2001 UNIFORM BUSINESS REPORT (UBR)

0011454 AF


DOCUMENT # **A12769**

1. Entity Name
G.L.'S OAR HOUSE, LTD.

Principal Place of Business
**P. O. BOX 926
PONTE VEDRA BEACH FL 32004**

Mailing Address
**P. O. BOX 926
PONTE VEDRA BEACH FL 32004**

FILED
01 APR 17 PM 12:14
**SECRETARY OF STATE
TALLAHASSEE FLORIDA**



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

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

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2206694** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
**BECKERLEG, WILLIAM H.
637 PARK ST.
JACKSONVILLE FL 32204**

7. Name and Address of New Registered Agent
Name **LEARY, GENE A.**
Street Address (P.O. Box Number is Not Acceptable)
4415 MICKLER ROAD
City **PONTE Vedra Beach, FL** Zip Code **32082**

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 *Gene A. Leary* *General Partner* **4-13-01**
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. **\$5,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

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 #	LEARY, GENE A. 4415 MICKLER ROAD PONTE VEDRA BEACH FL	STREET ADDRESS	4415 MICKLER ROAD -105/03/01--01019--010 ***141.25 ***141.25
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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DOCUMENT #		CITY-ST-ZIP	
NAME		STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP		STREET ADDRESS	

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: *Gene A. Leary* **4-13-01** **770-330-7919**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)