

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A94000001680

1. Entity Name
THE MATERA FAMILY LIMITED PARTNERSHIP

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR 13 AM 10:03

Principal Place of Business Mailing Address
 SOUTH SEAS CLUB, TOWER III, PH 1906 SOUTH SEAS CLUB, TOWER III, PH 1906
 380 SEA VIEW COURT 380 SEA VIEW COURT
 MARCO ISLAND FL 33937 MARCO ISLAND FL 34145-2915



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **65-0547502** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

MATERA, JOHN
SOUTH SEAS CLUB, TOWER II, PH 1906
380 SEA VIEW COURT
MARCO ISLAND FL 33937

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

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 _____

Capital Contributions as Shown on record: **\$4,000,000.00** 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.

2. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	MATERA, JOHN 380 SEA VIEW COURT, SOUTH SEAS CLUB MARCO ISLAND FL 33937	STREET ADDRESS CITY - ST - ZIP	300003179423--0 -03/22/00--01026--011 ****526.25 ****526.25
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	MATERA, MARGARET 380 SEA VIEW COURT, SOUTH SEAS CLUB MARCO ISLAND FL 33937	STREET ADDRESS CITY - ST - ZIP	<i>Handwritten signature</i>
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CR2E003 (9/99)

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 Matera* **SIGNATURE REQUIRED** *John Matera* Date: *3-4-2000* Daytime Phone #: *212-966-9783* / *941-394-8706*