

2001 UNIFORM BUSINESS REPORT (UBR)

0010979 AF

DOCUMENT # A94000001680
 1. Entity Name
THE MATERA FAMILY LIMITED PARTNERSHIP

FILED

mf

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

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SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



2. Principal Place of Business: Suite, Apt. #, etc. City & State Zip Country
 3. Mailing Address: Suite, Apt. #, etc. City & State Zip Country

DO NOT WRITE IN THIS SPACE
 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: _____

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: *John Matera*
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: **\$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.

12. GENERAL PARTNER INFORMATION	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	MATERA, JOHN 380 SEA VIEW COURT, SOUTH SEAS CLUB MARCO ISLAND FL 33937
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	MATERA, MARGARET 380 SEA VIEW COURT, SOUTH SEAS CLUB MARCO ISLAND FL 33937
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13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	800003889238--8
CITY - ST - ZIP	-03/20/01--01117--015 ****526.25 ****526.25
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: *John Matera* **John Matera** 3 - 201
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)