

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A99000000793

1. Entity Name

GOODYEAR MARKET PLACE, LTD.

FILED

00 FEB 10 AM 10:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
C/O FRANK A. BUONAURO, JR.
2801 E. IRLO BRONSON HIGHWAY
KISSIMMEE FL 34744

Mailing Address
C/O FRANK A. BUONAURO, JR.
2801 E. IRLO BRONSON HIGHWAY
KISSIMMEE FL 34744-5604

2. Principal Place of Business

3. Mailing Address

24 Pine St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Windermere Fl.

4. FEI Number

59-3578997

Applied For

Not Applicable

Zip

Country

Zip

34786

Country

Orange

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BUONAURO, FRANK A JR.
2801 EAST IRLO BRONSON HIGHWAY
KISSIMMEE FL 34744

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

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.

\$5,000,000.00

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 # L99000000767
NAME GOODYEAR SWAP MEET, L.C.
STREET ADDRESS 2801 EAST IRLO BRONSON HIGHWAY
CITY - ST - ZIP KISSIMMEE FL 34744

STREET ADDRESS

CITY - ST - ZIP

000003151980--4
-02/29/00--01081--003
***\$35.00 ***\$35.00

DOCUMENT #
NAME
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2-4-00 407-876-3595

Date

Daytime Phone #

CR2E003 (9/99)