

# 2001 UNIFORM BUSINESS REPORT (UBR)

0013044 AF

DOCUMENT # **A99000000793**

1. Entity Name

**GOODYEAR MARKET PLACE, LTD.**

Principal Place of Business

**C/O FRANK A. BUONAURO, JR.  
2801 E. IRLO BRONSON HIGHWAY  
KISSIMMEE FL 34744**

Mailing Address

**24 PINE STREET  
WINDERMERE FL 34786**

FILED

00 FEB 22 PM 8:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3578997**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒

**\$8.75** Additional  
Fee Required

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

**FRANK A BUONAURO JR.**

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

**24 Pine Street**

City

**WINDERMERE**

FL

Zip Code

**34786**

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

*Frank A. Buonauoro - Pres.*

(NOTE: Registered Agent signature required when reinstating)

DATE

**2/20/01**

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

**300003769003--6**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

**-02/26/01--01160--014  
\*\*\*\*535.00 \*\*\*\*535.00**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

**300003769003--6**

**-02/26/01--01160--014  
\*\*\*\*535.00 \*\*\*\*526.25**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
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:

*Frank A. Buonauoro - President*  
**FRANK A BUONAURO JR**

**2/20/01**

Date

**407-876-3595**

Daytime Phone #

CR2E003 (11/00)