

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 23, 2000 8:00 am**  
**Secretary of State**  
 02-23-2000 90013 001 \*\*\*150.00

**DOCUMENT # H76652**

1. Entity Name

**1326 OCEAN AVENUE REALTY CORPORATION**

Principal Place of Business

Mailing Address

C/O QUARLES & BRADY LLP  
 4501 TAMiami TRAIL N., #300  
 NAPLES FL 34103  
 US

C/O QUARLES & BRADY LLP  
 4501 TAMiami TRAIL N., #300  
 NAPLES FL 34103-3023  
 US

2. Principal Place of Business

**4501 Tamiami Trail North**  
 Suite, Apt. #, etc.  
**Suite 300**

3. Mailing Address

Suite, Apt. #, etc.

City & State  
**Naples, Florida**

City & State

Zip  
**34103-3060**

Country  
**US**

Zip  
**34103-3060**

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

**59-2618234**

Applied For

Not Applicable

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

**MCMACKIN, F. JOSEPH, III**  
**C/O QUARLES & BRADY LLP**  
**4501 TAMiami TRAIL NORTH, SUITE 300**  
**NAPLES FL 34103**

Name

**Naples Lawdock, Inc.**

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

**c/o Quarles & Brady LLP**

**4501 Tamiami Trail North, Suite 300**

City

**Naples**

FL

Zip Code

**34103-3060**

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

**F. Joseph McMackin, III, President, Naples Lawdock, Inc.**

DATE

**1/28/00**

9. This corporation is eligible to satisfy its Intangible  
 Tax filing requirement and elects to do so.  
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|  |  |  |  |   |  |
|--|--|--|--|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>DVP<br/>DUNN, JOSEPHINE A.<br/>MOORINGS PARK-ORCHID TER<br/>NAPLES FL 33942</b> | <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PD<br/>SPIRO, MARY ANN<br/>128 VIA NAPOLI<br/>NAPLES FL 33999</b>               | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>Naples, FL 34105</b>   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>ST<br/>MCMACKIN, F J<br/>4501 TAMiami TRAIL N., #300<br/>NAPLES FL</b>          | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>V/S/T<br/>McMackin, F Joseph, III<br/>4501 Tamiami Trail North, #300<br/>Naples, FL 34103-3060</b> | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with address, with all other like empowered.

SIGNATURE:

**F. Joseph McMackin, III, V/S/T**

**January 28, 2000**

Date

**(941) 434-4901**

Daytime Phone #

CR2E034 (9/99)