

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000005311

1. Entity Name

SHAMROCK HOLDING GROUP, L.P.C.

Principal Place of Business

Mailing Address

2014 FARRAGUT PLACE
JACKSONVILLE FL 32207

P.O. BOX 551260
JACKSONVILLE FL 32255

2. Principal Place of Business

3. Mailing Address

3205 Ocean Drive
Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jacksonville FL

City & State

4. FEI Number

59-3644839

Applied For

Not Applicable

Zip

Country

Zip

Country

32250

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 SEP 27 AM 12:05

400004619374--0
-10/02/01--01008--002
*****50.00 *****50.00

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHNEIDER, MICHAEL N.
5150 BELFORT ROAD, BUILDING 100
JACKSONVILLE FL 32256

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

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
McCORMICK, THOMAS LEO
2014 FARRAGUT PLACE
JACKSONVILLE FL 32207

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
McCORMICK, THOMAS LEO
3205 OCEAN DRIVE
JACKSONVILLE FL 32250

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MEMBER
O'CONNOR, MARY I.
3205 OCEAN DRIVE
JACKSONVILLE FL 32250

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ Change ☐ Addition

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Thomas McCormick* *Mary I. O'Connor* 27 Sept 01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)