

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000008403

1. Entity Name

15TH AVENUE NAPLES, LLC

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 MAR -3 AM 11:02

Principal Place of Business

350 KINGSTOWN DRIVE  
NAPLES FL 34102

Mailing Address

350 KINGSTOWN DRIVE  
NAPLES FL 34102-7821



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3611306

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SEEWALD, JEANNE L ESQ.  
ROETZEL & ANDRESS  
850 PARK SHORE DRIVE, THIRD FLOOR  
NAPLES FL 34103

7. Name and Address of New Registered Agent

Name

Mark J. Price, Esq.

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

Roetzel & Andress, LPA

850 Park Shore Drive, Third Floor

City

Naples

FL

Zip Code

34103

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)

Mark J. Price, Esq.

2/21/00

DATE

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

2/21/00 3116100

9. MANAGING MEMBERS/MEMBERS

TITLE NAME MGR  
O'MEARA, JAMES P  
STREET ADDRESS 677 18TH AVENUE SOUTH  
CITY- ST- ZIP NAPLES FL 34102 ☐ Delete

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY- ST- ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
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CITY- ST- ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY- ST- ZIP

10. ADDITIONS/CHANGES

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS 100003179301--0  
CITY- ST- ZIP -03/22/00--01020--024  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY- ST- ZIP

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:

JAMES P O'MEARA

2-24-00

(941)434-0797

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CR2E083 (9/99)



A LEGAL PROFESSIONAL ASSOCIATION

850 PARK SHORE DRIVE  
TRIANON CENTRE - THIRD FLOOR  
NAPLES, FL 34103  
941.649.2715 DIRECT  
941.649.6200 MAIN  
941.261.3659 FAX  
jseewald@ralaw.com

February 28, 2000

Division of Corporations  
Registration Section  
Post Office Box 6327  
Tallahassee, Florida 32314

**Re: State of Florida 2000 Uniform Business Report**

Dear Sir or Madam:

We are transmitting herewith the State of Florida 2000 Uniform Business Report for 15<sup>th</sup> Avenue Naples, LLC. Also enclosed is our firm check in the amount of \$50 made payable to the Department of State for the filing fee relating to this Report.

Cordially yours,

Jeanne L. Seewald

JLS/aff  
Enclosure

cc: Mr. James P. O'Meara  
Mark J. Price, Esq. (of the firm)

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