

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 13, 2001 8:00 am**  
**Secretary of State**

07-13-2001 90004 040 \*\*\*550.00

MOCKAR AV

**DOCUMENT # P39443**

1. Entity Name

**1100 FIFTH AVENUE PARTNERS, INC.**

Principal Place of Business

**1100 5TH AVENUE SOUTH  
 SUITE 301  
 NAPLES FL 33940  
 US**

Mailing Address

**1100 5TH AVENUE SOUTH  
 SUITE 301  
 NAPLES FL 33940  
 US**

2. Principal Place of Business

**750 11th St. South**

3. Mailing Address

**750 11th St. South**

Suite, Apt. #, etc.

**Suite 101**

Suite, Apt. #, etc.

**Suite 101**

City & State

**Naples, FL**

City & State

**Naples, FL**

Zip

**34102**

Country

**US**

Zip

**34102**

Country

**US**

4. FEI Number

**13-3567613**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**KEELER, MICHAEL W  
 1100 5TH AVENUE SOUTH  
 SUITE 301  
 NAPLES FL 33940**

**Keeler, Michael W.  
 750 11th St. South  
 Suite 101  
 Naples, FL 34102**

7. Name and Address of New Registered Agent

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

*Michael W. Keeler*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**7/10/01**  
 DATE

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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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

TITLE **C** ☐ Delete  
 NAME **DALTON, TIMOTHY**  
 STREET ADDRESS **1100 5TH AVE SOUTH SUITE 301**  
 CITY-ST-ZIP **NAPLES FL**

TITLE **VT** ☐ Delete  
 NAME **HARTMAN, JAMES F.**  
 STREET ADDRESS **1100 5TH AVE SOUTH SUITE 301**  
 CITY-ST-ZIP **NAPLES FL**

TITLE **PS** ☐ Delete  
 NAME **GREINER, KENNETH J.**  
 STREET ADDRESS **1100 5TH AVE SOUTH SUITE 301**  
 CITY-ST-ZIP **NAPLES FL**

TITLE **V** ☐ Delete  
 NAME **MAHER, KEVIN J.**  
 STREET ADDRESS **1100 5TH AVE SOUTH SUITE 301**  
 CITY-ST-ZIP **NAPLES FL**

TITLE **V** ☐ Delete  
 NAME **KEELER, MICHAEL W**  
 STREET ADDRESS **1100 5TH AVE SOUTH SUITE 301**  
 CITY-ST-ZIP **NAPLES FL**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **750 11th Street S.**  
 CITY-ST-ZIP **Naples, FL 34102**

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **750 11th Street S.**  
 CITY-ST-ZIP **Naples, FL 34102**

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

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 an address, with another like empowered

SIGNATURE:

*Michael W. Keeler*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

July 10, 2001 **941-261-3555**

Date

Daytime Phone #

CR2E034 (5/01)