

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 30, 2001 08:00 AM
Secretary of State

DOCUMENT # A00000002079

1. Entity Name
BGC III ENTERPRISES OF NAPLES, LTD.

Principal Place of Business 2600 GOLDEN GATE PARKWAY NAPLES FL 34105	Mailing Address P.O. BOX 413038 NAPLES FL 34101
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2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
59-3688448

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

MARINELLI PAUL J
2600 GOLDEN GATE PARKWAY
NAPLES FL 34105

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 _____ DATE 04/30/2001

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record. 22,000,000.00

10. Amount of Capital Contributions
in FLORIDA to date. 22,000,000.00

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

DOCUMENT #	
NAME	BGC III HOLDINGS OF NAPLES, LLC
STREET ADDRESS	2600 GOLDEN GATE PARKWAY
CITY-ST-ZIP	NAPLES FL 34105

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NAME		CITY-ST-ZIP	
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CITY-ST-ZIP		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: BARRON COLLIER III
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

GP 04/30/2001

Date

Daytime Phone #

CR2E003 (11/00)