

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A00000001726

1. Entity Name
BAY BAYOU RV RESORT, LTD.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 FEB 21 PM 4:13

LA 2/24

Principal Place of Business
2922 CARDINAL DRIVE
VERO BEACH FL 32963

Mailing Address
2922 CARDINAL DRIVE
VERO BEACH FL 32963



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY MAY 1, 2003

4. FEI Number 65-1054315

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

7. Name and Address of New Registered Agent

FORMAN, ROBERT S ESQ.
2101 WEST COMMERCIAL BLVD., SUITE 4100
FORT LAUDERDALE FL 33309

Name RICHARD G. SCHAUB JR.

Street Address (P.O. Box Number is Not Acceptable)
2922 CARDINAL DRIVE

City VERO BEACH

FL

Zip 32963

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. I am familiar with, and accept the obligations of registered agent.

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

2/14/03

DATE

9. Capital Contributions
as Shown on record. \$850,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. 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

13. ADDRESS CHANGES ONLY

DOCUMENT # P00000105894
NAME BAY BAYOU RV RESORT, INC.
STREET ADDRESS 2922 CARDINAL DRIVE
CITY-ST-ZIP VERO BEACH FL 32963

STREET ADDRESS

CITY-ST-ZIP

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STREET ADDRESS

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2/14/03 772 7343156

Date

Daytime Phone #

CR2E003 (10/02)