

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A00000001758

1. Entity Name

BRIDGE FAMILY INTERESTS, LTD.

FILED

01 JAN 22 AM 11:45

Principal Place of Business

1201 GEORGE BUSH BLVD
DELRAY BEACH FL 33483

Mailing Address

1201 GEORGE BUSH BLVD
DELRAY BEACH FL 33483

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

28



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CHAPIN, ROBERT D
1201 GEORGE BUSH BLVD
DELRAY BEACH FL 33483

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

9. Capital Contributions
as Shown on record.

\$5,200,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

5,200,000

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

13. ADDRESS CHANGES ONLY

DOCUMENT # P00000106973
NAME BRIDGE GP, INC.
STREET ADDRESS 1201 GEORGE BUSH BLVD
CITY-ST-ZIP DELRAY BEACH FL

STREET ADDRESS
CITY-ST-ZIP 400003576394--1
-01/26/01--01046--025
****526.25 ****526.25

DOCUMENT #
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STREET ADDRESS
CITY-ST-ZIP

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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:

Robert D Chapin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1/19/01
Date

Daytime Phone #

CR2E003 (11/00)