

2001 UNIFORM BUSINESS REPORT (UBR)

001318 AF

DOCUMENT # A00000001762

1. Entity Name

BGI DEVELOPMENT, L.L.P.

FILED

01 MAY -2 PM 12:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

1991 EAST MAIN STREET, SUITE 224
SARASOTA FL 34236

Mailing Address

1991 EAST MAIN STREET SUITE 224
SARASOTA FL 34236

2. Principal Place of Business

15 School Avenue
Suite, Apt. #, etc.
Ste. 500
City & State
Sarasota, FL
Zip
34236
Country

3. Mailing Address

15 School Avenue
Suite, Apt. #, etc.
Ste. 500
City & State
Sarasota, FL
Zip
34236
Country

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DOERR, KENNETH D
240 SOUTH PINEAPPLE AVENUE, 10TH FLOOR
SARASOTA FL 34236

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

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.

\$7,500.00

10. Amount of Capital Contributions
in FLORIDA to date.

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 this form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT # L00000014238
NAME GENBAR-1, L.L.C.
STREET ADDRESS 1991 EAST MAIN STREET, SUITE 244
CITY-ST-ZIP SARASOTA FL 34236

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CITY-ST-ZIP

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CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS 1 SOUTH SCHOOL AVENUE, SUITE 500
CITY-ST-ZIP SARASOTA, FL 34237

STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/30/01

Date

Daytime Phone #

CR2E003 (11/00)