

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A23505**

1. Entity Name

BAYONET SQUARE, LTD.

Principal Place of Business

**3750 GINN HWY. SUITE 3A
TAMPA FL 33624**

Mailing Address

**3750 GINN HWY. SUITE 3A
TAMPA FL 33624**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2728547

Applied For

Not Applied

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

**LACKEY, GEORGE W.
3750 GINN HWY, SUITE 3A
TAMPA FL 33624**

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.

\$1,600,000.00

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

12. GENERAL PARTNER INFORMATION

DOCUMENT #

G47759

NAME

W.L. BEACH PROPERTIES

STREET ADDRESS

3750 GINN HWY, SUITE 3A

CITY - ST - ZIP

TAMPA FL 33624

DOCUMENT #

H95225

NAME

THE GEORGE W. LACKEY CO.

STREET ADDRESS

3750 GINN HWY, SUITE 3A

CITY - ST - ZIP

TAMPA FL 33624

DOCUMENT #

BITTMAN, CHRIS

NAME

18816 RUE LOIRE

STREET ADDRESS

LUTZ FL

CITY - ST - ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #

NAME

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 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

Date

Daytime Phone #

FILED

00 JAN 21 PM 12:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

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[Handwritten Signature]