

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A25707

1. Entity Name

VILLAS OF BONITA SPRINGS ASSOCIATES LIMITED

FILED

00 JAN 31 PM 1:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

% GOLF VILLAS OF BONITA SPRINGS
10085 MADDOX LANE, BOX 16
BONITA SPRINGS FL 33923

Mailing Address

% GOLF VILLAS OF BONITA SPRINGS
10085 MADDOX LANE, BOX 16
BONITA SPRINGS FL 34135-7638

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

98-0086186

Applied For

Not Applicable

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

SPEAR, JOHN D.

9200 BONITA BEACH RD., SUITE 204

P. O. BOX 2207

BONITA SPRINGS FL 33959

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.

\$98,000.00

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

13. ADDRESS CHANGES ONLY

DOCUMENT #
NAME KALINS, W. JACK
STREET ADDRESS % SPLIT ROCK RESORT #592
CITY - ST - ZIP LAKE HARMONY PA 18624

STREET ADDRESS

CITY - ST - ZIP

600003121666--0

-02/02/00--01106--023

****526.25 ****526.25

DOCUMENT #
NAME KALINS, BARBARA J.
STREET ADDRESS % SPLIT ROCK RESORT #592
CITY - ST - ZIP LAKE HARMONY PA 18624

STREET ADDRESS

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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; 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

W. JACK KALINS, Gen. PTD.

1-25-2000

570-722-9111

Date

Daytime Phone # 2790