

# 2002 UNIFORM BUSINESS REPORT (UBR)

0015164 AT

**DOCUMENT # A25707**

1. Entity Name  
**VILLAS OF BONITA SPRINGS ASSOCIATES LIMITED**

FILED  
02 JAN 24 AM 11:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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 33923**

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

**DUE BY MAY 1, 2002**

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  
**SPEAR, JOHN D.  
9200 BONITA BEACH RD., SUITE 204  
P. O. BOX 2207  
BONITA SPRINGS FL 33959**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

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

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

13. ADDRESS CHANGES ONLY

|                 |  |
|-----------------|--|
| STREET ADDRESS  |  |
| CITY - ST - ZIP |  |
| STREET ADDRESS  |  |
| CITY - ST - ZIP |  |
| STREET ADDRESS  |  |
| CITY - ST - ZIP |  |
| STREET ADDRESS  |  |
| CITY - ST - ZIP |  |
| 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: *W. Jack Kalins* **W. JACK KALINS** **General Partner** **EXT 790**  
1-16-02 570-722-9111

**RECEIVED**

CR2E003 (9/01)