

2002 UNIFORM BUSINESS REPORT (UBR)

0014282 AT

DOCUMENT # A29697

1. Entity Name
BONNYCREST, LTD.

FILED
02 MAY -1 AM 9:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
5015 S. FLORIDA AVE.
SUITE 200
LAKELAND FL 33813

Mailing Address
P.O. BOX 5252
LAKELAND FL 33807



2. Principal Place of Business
500 S. Florida Ave
Suite, Apt. #, etc.
Suite 700
City & State
Lakeland FL
Zip
33801

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

DUE BY MAY 1, 2002

4. FEI Number **59-3007947** Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
MCFARLANE, PETER A.
5015 S. FLORIDA AVE.
SUITE 215
LAKELAND FL 33813

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
500 S. Florida Ave
Suite 715
City **Lakeland** FL Zip Code **33801**

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.
600005632736--5
-06/05/02--01059--002
*****230.50 ***230.50**

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$19,000.00**

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 #	P29845
NAME	A & M BUSINESS PROPERTIES
STREET ADDRESS	S, INC.,
CITY-ST-ZIP	LAKELAND FL
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

AR - 133.00
PAID - 88.75
CRAT - 8.75

13. ADDRESS CHANGES ONLY

STREET ADDRESS	500 S. Florida Ave Suite 700
CITY-ST-ZIP	Lakeland FL 33801
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	

BK

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** **04/30/02**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/01)