

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A31919**

1. Entity Name

**B & G RESORT PROPERTIES, LTD.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 APR 28 AM 3:05



Principal Place of Business

12 BELLEVUE DRIVE  
TREASURE ISLAND FL 32706

Mailing Address

12 BELLEVUE DRIVE  
TREASURE ISLAND FL 33706-1201

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3080010**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WILKINSON, G. BARRY  
C/O LEFTER, CUSHMAN & WILKINSON  
696 FIRST AVENUE NORTH, SUITE 201  
ST. PETERSBURG FL 33701**

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.

**\$2,000,000.00**

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 # **S75989**  
NAME **B&G RESORTS MGMT., INC.**  
STREET ADDRESS **12 BELLEVUE DRIVE**  
CITY-ST-ZIP **TREASURE ISLAND FL**

STREET ADDRESS

CITY-ST-ZIP

**600003266996--6**

**05/25/00 01003 004**

**\*\*\*\*526.25 \*\*\*\*526.25**

DOCUMENT #  
NAME **MELL, JOHN J.**  
STREET ADDRESS **12 BELLEVUE DRIVE**  
CITY-ST-ZIP **TREASURE ISLAND FL**

STREET ADDRESS

CITY-ST-ZIP

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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: *[Signature]*

**SIGNATURE** *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**4/21/00**

Date

**727-360-4918**

Daytime Phone #

CR2E003 19/199