

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A31919**

1. Entity Name

B & G RESORT PROPERTIES, LTD.

FILED

01 MAY 16 PM 4:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

**12 BELLEVUE DRIVE
TREASURE ISLAND FL 32706**

Mailing Address

**12 BELLEVUE DRIVE
TREASURE ISLAND FL 32706**

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

59-3080010

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

John Mell

Street Address (P.O. Box Number is Not Acceptable)

12 Bellevue Dr.

City

Treasure Island FL

Zip Code

33706

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

John Mell

(NOTE: Registered Agent signature required when reinstating)

5/1/01

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

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

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

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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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

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:

John Mell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

5/1/01

Date

Daytime Phone #

CR2E003 (11/00)