

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A31919**

1. Entity Name

B & G RESORT PROPERTIES, LTD.

FILED

02 JUL 12 PM 4: 03

SECRETARY OF STATE
TALLAHASSEE FLORIDA

0001503 AT



DUE BY SEPTEMBER 25, 2002

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

**MELL, JOHN
12 BELLEVUE DR.
TREASURE ISLAND FL 33706**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

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 **400006453054--2**
-07/16/02--01062--007
******526.25 ****526.25**

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

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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 or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE

CR2E003 (4/02)