

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0013878 AT

DOCUMENT # A31919

1. Entity Name  
B & G RESORT PROPERTIES, LTD.



FILED

2003 JUN 10 AM 4:54

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA



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

DUE BY MAY 1, 2003

4. FEI Number 59-3080010

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MELL, JOHN  
12 BELLEVUE DR.  
TREASURE ISLAND FL 33706

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 FL. 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

100017848091  
05/01/03--01091 002 \*\*437.50

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

STREET ADDRESS

CITY-ST-ZIP

100017848091  
06/10/03--01002--013 \*\*88.75

DOCUMENT #  
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CITY-ST-ZIP

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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

4/15/03

Date

Daytime Phone #

CR2E003 (10/02)

STAPLE CHECK HERE