

# 2001 UNIFORM BUSINESS REPORT (UBR)

0010977 AF

DOCUMENT # **A33443**

1. Entity Name

**BONITA BAY LIMITED PARTNERSHIP**

Principal Place of Business

**3451 BONITA BAY BLVD.  
SUITE 202  
BONITA SPRINGS FL 34134-4395**

Mailing Address

**3451-BONITA BAY BLVD.  
SUITE 202  
BONITA SPRINGS FL 34134-4395**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01 APR -4 AM 10:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number

**65-0361628**

Applied For

Not Applicable

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

**BONITA BAY PROPERTIES, INC.  
3451 BONITA BAY BLVD.  
BONITA SPRINGS FL 34134-4395**

Name

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

**3451 BONITA BAY BLVD, STE. 202**

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

*Harvey R. Schestag*  
Signature, typed or printed name of registered agent and **Harvey R. Schestag** (Registered Agent signature required when reinstating)

DATE

**3/27/01**

9. Capital Contributions  
as Shown on record.

**\$5,940,000.00**

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 # **M09234**  
NAME **BONITA BAY PROPERTIES, INC.**  
STREET ADDRESS **3451 BONITA BAY BLVD.**  
CITY-ST-ZIP **BONITA SPRINGS FL**

STREET ADDRESS

**3451 BONITA BAY BLVD, STE. 202**

CITY-ST-ZIP

**BONITA SPRINGS FL 34134**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

**100003993891--4**

**04/12/01--01034--029**

**\*\*\*\*\*535.00 \*\*\*\*\*535.00**

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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:

*Harvey R. Schestag*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER  
**Harvey R. Schestag**

**3/27/01 (941) 495-1000**

Date

Daytime Phone #

CR2E003 (11/00)