

2002 UNIFORM BUSINESS REPORT (UBR)

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

DUE BY MAY 1, 2002

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.

STE. #202

BONITA SPRINGS FL 34134-4395

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.

DATE

9. Capital Contributions as Shown on record.

\$5,940,000.00

10. Amount of Capital Contributions in FLORIDA to date.

\$5,940,000.00

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., #202**
CITY-ST-ZIP **BONITA SPRINGS FL 34134**

STREET ADDRESS

CITY-ST-ZIP

600005789916--7

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

06/17/02-01058-002
******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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Harvey R. Schestag

4/25/02

(941) 495-1000

Date

Daytime Phone #

CR2E003 (9/01)

0015162 AT

APPROVED
AND
FILED

02 JUN 12 PM 2:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

