

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A98000001981

1. Entity Name

THE BACIG FAMILY LIMITED PARTNERSHIP

FILED

00 FEB 15 PM 2:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

27391 OAK KNOLL DRIVE
BONITA SPRINGS FL 34134

Mailing Address

27391 OAK KNOLL DRIVE
BONITA SPRINGS FL 34134-8740

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-6289674

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BACIG, LOUIS J
27391 OAK KNOLL DRIVE
BONITA SPRINGS FL 34134

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$588,098.00

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 #
NAME
STREET ADDRESS
CITY - ST - ZIP
BACIG, LOUIS J
27391 OAK KNOLL DRIVE
BONITA SPRINGS FL 34134

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY - ST - ZIP

900003148069--3

-02/25/00--01088--010

****526.25 ****526.25

DOCUMENT #
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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

Date

Daytime Phone #

[Signature] LOUIS J. BACIG

2/10/00 (941) 992-2450

CR2E003 (9/99)