

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A98000002370

1. Entity Name

BAINBRIDGE PLANTATION GP, LTD.

Principal Place of Business

2170 POLO GARDENS DRIVE, SUITE 204
WELLINGTON FL 33414

Mailing Address

2170 POLO GARDENS DRIVE, SUITE 204
WELLINGTON FL 33414-2030

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

12791 W. Forest Hill Blvd. Suite #5B

City & State

Wellington FL 33414

Zip

Country

Zip

Country

4. FEI Number

65-0868633

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

BAINBRIDGE PLANTATION GP, INC.
2170 POLO GARDENS DRIVE, SUITE 204
WELLINGTON FL 33414

Name

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

12791 W. Forest Hill Blvd Suite #5B

City

Wellington FL

FL

Zip Code

33414

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.

\$7,500.00

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 # P98000087987
NAME BAINBRIDGE PLANTATION GP, INC.
STREET ADDRESS 2170 POLO GARDENS DRIVE, SUITE 204
CITY - ST - ZIP WELLINGTON FL 33414

STREET ADDRESS

12791 W. Forest Hill Blvd Suite #5B

CITY - ST - ZIP

Wellington FL 33414

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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

4/27/00 561 7938959

FILED
00 MAY -4 PM 4:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CE: OCT 11 11