

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A99000000332**

1. Entity Name

BEE TREE ENTERPRISES, LTD.

FILED

01 SEP 20 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

~~1600 GULF BOULEVARD, UNIT NO. 1116~~
~~CLEARWATER FL 33767~~

Mailing Address

~~1600 GULF BOULEVARD, UNIT NO. 1116~~
~~CLEARWATER FL 33767~~

2. Principal Place of Business

2158 Muirfield Way
Suite, Apt. #, etc.

3. Mailing Address

SAME
Suite, Apt. #, etc.

DUE BY SEPTEMBER 26, 2001

City & State

Oldsmar, Florida
Zip *34677* Country *USA*

City & State

Oldsmar, Florida
Zip *34677* Country *USA*

4. FEI Number

59-3560926

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DELLALONGA, RICHARD A

~~1600 GULF BOULEVARD, UNIT NO. 1116~~ *2158 Muirfield Way*
~~CLEARWATER FL 33767~~ *Oldsmar, FL 34677*

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]
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.

\$10,000,000.00

10. Amount of Capital Contributions in FLORIDA to date.

\$496,327.88

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
DELLALONGA, RICHARD A
1600 GULF BOULEVARD, UNIT NO. 1116
CLEARWATER FL 33767

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
DELLALONGA, DOMINICA
1600 GULF BOULEVARD, UNIT NO. 1116
CLEARWATER FL 33767

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS
CITY-ST-ZIP
2158 Muirfield Way
Oldsmar FL 34677

STREET ADDRESS
CITY-ST-ZIP
2158 Muirfield Way
Oldsmar, FL 34677

STREET ADDRESS
CITY-ST-ZIP
100004614501--6
-09/27/01--01093--022
******526.25 ****526.25**

STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

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]
SIGNATURE REQUIRED

9/1/01 (727) 772-6643

9982000
IV

CR2E003 (5/01)

STAPLE CHECK HERE