

# 2002 UNIFORM BUSINESS REPORT (UBR)

0004655 AV

**DOCUMENT # A99000001254**

1. Entity Name  
**BONITA TEN LTD.**

**FILED**  
**02 MAY -6 PM 3: 58**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**



Principal Place of Business      Mailing Address

**4099 TAMIAMI TRAIL NORTH**      **4099 TAMIAMI TRAIL NORTH**  
**STE 305**      **STE 305**  
**NAPLES FL 34103**      **NAPLES FL 34103**

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      Applied For  
**59-3589895**      Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**FITZGERALD, WILLIAM E**  
**4099 TAMIAMI TRAIL NORTH, STE 305**  
**NAPLES FL 34103**

**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: \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record.      **\$1,000.00**

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 |   |
|---------------------------------|---|
| DOCUMENT #                      | <b>P99000012437</b>                           |
| NAME                            | <b>BONITA GATEWAY DEVELOPMENT COMPANY INC</b> |
| STREET ADDRESS                  | <b>4099 TAMIAMI TRAIL NORTH, STE 305</b>      |
| CITY-ST-ZIP                     | <b>NAPLES FL</b>                              |
| 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              |  |
| STREET ADDRESS           |  |
| CITY-ST-ZIP              | <del>500005554925 2</del><br><del>05/16/02-01046-012</del><br><del>****141.25 ****141.25</del> |
| STREET ADDRESS           |  |
| CITY-ST-ZIP              |  |
| 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 REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date: **4/24/02**      Daytime Phone #

CR2E003 (9/01)