

2002 UNIFORM BUSINESS REPORT (UBR)

001427 AT

DOCUMENT # **A99000002264**

1. Entity Name

BGM FAMILY LIMITED PARTNERSHIP

FILED

02 FEB -8 AM 8:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

**13 EDWARDS SHORES
HAINES CITY FL 33844**

Mailing Address

**13 EDWARDS SHORES
HAINES CITY FL 33844**

2. Principal Place of Business

3. Mailing Address

1940 LEISURE WAY BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
MESEA, AZ

Zip

Country

Zip

85206

Country

4. FEI Number

59-3614621

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DUE BY MAY 1, 2002

6. Name and Address of Current Registered Agent

**MYERS, WILLIAM L
13 EDWARDS SHORES
HAINES CITY FL 33844**

7. Name and Address of New Registered Agent

Name **DAVID C. LILLMAN**

Street Address (P.O. Box Number is Not Acceptable)
230 E. LILLMAN AVE.

City **LAKE WALES** FL Zip Code **33853**

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

David C. Lillman

1-27-02

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

DATE

9. Capital Contributions
as Shown on record.

\$230,000.00

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 #
NAME **MYERS, WILLIAM L TRUSTEE**
STREET ADDRESS **13 EDWARDS SHORES**
CITY-ST-ZIP **HAINES CITY FL 33844**

DOCUMENT #
NAME **MYERS, GLADYS M TRUSTEE**
STREET ADDRESS **13 EDWARDS SHORES**
CITY-ST-ZIP **HAINES CITY FL 33844**

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 **1940 LEISURE WAY BLVD**
CITY-ST-ZIP **MESEA, AZ 85206**

STREET ADDRESS **1940 LEISURE WAY BLVD.**
CITY-ST-ZIP **MESEA, AZ 85206**

STREET ADDRESS
CITY-ST-ZIP **300004915813--9**
02/13/02 01072-019
*******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:

William L. Myers

02-164 pz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/01)

STAPLE CHECK HERE