

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A99000002264

1. Entity Name
BGM FAMILY LIMITED PARTNERSHIP



FILED

03 MAR 11 AM 11:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
13 EDWARDS SHORES
HAINE CITY FL 33844

Mailing Address
1940 LEISURE WAY BLVD
MESA AZ 85206

WORLD



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State

City & State

4. FEI Number 59-3614621

Applied For

Not Applicable

Zip

Country

Zip

Country

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

WILLIAM, DAVIDAM C ULLMAN, DAVID C.
230 E TILLMAN AVE
LAKE WALES FL 33853

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

David C. Ullman

2-25-03

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 FL. 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 #
NAME MYERS, WILLIAM L TRUSTEE
STREET ADDRESS 1940 LEISURE WAY BLVD
CITY-ST-ZIP MESA AZ 85206 WORLD

STREET ADDRESS

CITY-ST-ZIP

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NAME MYERS, GLADYS M TRUSTEE
STREET ADDRESS 1940 LEISURE WAY BLVD
CITY-ST-ZIP MESA AZ 85206 WORLD

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700013325107
03/11/03--01068--004 **526.25

M THOMAS

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

\$526.25
SIGNATURE: *William L. Myers*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

03/07/03

CR2F003 (10/02)

STAPLE CHECK HERE