

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B98000000205

1. Entity Name

BAINBRIDGE POLO LAKES LIMITED PARTNERSHIP

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 JUL 13 PM 1:25

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  
Wellington FL 33414

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0826506

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name

RICHARD SCHECHTER

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

THE BAINBRIDGE COMPANIES

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.

\$9,000,000.00

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 # A98000000826  
NAME BAINBRIDGE POLO LAKES GP, LTD.  
STREET ADDRESS 2170 POLO GARDENS DRIVE, SUITE 204  
CITY - ST - ZIP WELLINGTON FL 33414

13. ADDRESS CHANGES ONLY

STREET ADDRESS

12791 W. Forest Hill Blvd Suite #5B

CITY - ST - ZIP

Wellington, FL 33414

DOCUMENT #  
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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/27/00

Date

0617938965

Daytime Phone #