

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B98000000617

1. Entity Name
BAINBRIDGE POLO GLEN LIMITED PARTNERSHIP

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUL 13 PM 1:25

mf

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
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
12791 W. Forest Hill Blvd. Suite #5B
Wellington FL 33414
City & State
Zip

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0868978

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

6. Name and Address of Current Registered Agent
SCHECHTER, RICHARD A
2170 POLO GARDENS DRIVE, SUITE 204
WELLINGTON FL 33414

7. Name and Address of New Registered Agent
Name
RICHARD SCHECHTER
Street Address
12791 W. Forest Hill Blvd #5B
City
Wellington 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]* DATE 7/12/00

9. Capital Contributions as Shown on record \$5,500,000.00

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		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	A98000002370 BAINBRIDGE PLANTATION GP, LTD. 2170 POLO GARDENS DRIVE, SUITE 204 WELLINGTON FL 33414	STREET ADDRESS CITY - ST - ZIP	12791 W. Forest Hill Blvd Wellington, FL 33414
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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]* DATE 4/27/00 DAYTIME PHONE # 561 7938959

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER