

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **M99000001232**

1. Entity Name

**BGK CLEARWATER TOWER LLC**

Principal Place of Business

**330 GARFIELD STREET  
SANTA FE NM 87501**

Mailing Address

**330 GARFIELD STREET  
SANTA FE NM 87501**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

**GREENE, ROBERT T ESQ.  
1301 6TH AVE., WEST, SUITE 400  
BRADENTON FL 34205**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State**

9. MANAGING MEMBERS/MEMBERS

TITLE **MGR** ☐ Delete  
NAME **GILBERT, EDWARD M**  
STREET ADDRESS **330 GARFIELD STREET**  
CITY-ST-ZIP **SANTA FE NM 87501**

TITLE **MGR** ☐ Delete  
NAME **KOLBER, FRED**  
STREET ADDRESS **330 GARFIELD STREET**  
CITY-ST-ZIP **SANTA FE NM 87501**

TITLE **MGR** ☐ Delete  
NAME **WILSON, M. THOMAS**  
STREET ADDRESS **330 GARFIELD STREET**  
CITY-ST-ZIP **SANTA FE NM 87501**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**FILED**

**2001 JUN -7 AM 11:15**

**DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

4. FEI Number

**NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$5.00 Additional  
Fee Required**

Date

Daytime Phone #

**4/29/02**

**505 992 5100**