

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000029978

1. Entity Name

BAINBRIDGE PLGP, INC.

FILED

May 04, 2000 8:00 am  
Secretary of State

05-04-2000 90187 001 \*\*\*150.00

Principal Place of Business

Mailing Address

2170 POLO GARDENS DR., SUITE 204  
WELLINGTON FL 33414

2170 POLO GARDENS DR., SUITE 204  
WELLINGTON FL 33414-2030

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

12791 W. Forest Hill Blvd. Suite #5B

City & State

Wellington-Fl. 33414

4. FEI Number

65-0823462

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

SCHECHTER, RICHARD A  
2170 POLO GARDENS DR., SUITE 204  
WELLINGTON FL 33414

Name

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

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. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME D  
STREET ADDRESS SCHECHTER, RICHARD A  
CITY-ST-ZIP 2170 POLO GARDENS DR., SUITE 204  
WELLINGTON FL 33414

TITLE ☒ Change ☐ Addition  
NAME Schechter, Richard A  
STREET ADDRESS 12791 W. Forest Hill Blvd Suite #5B  
CITY-ST-ZIP Wellington FL 33414

TITLE ☐ Delete  
NAME D  
STREET ADDRESS MEAD, SHEILA  
CITY-ST-ZIP 2170 POLO GARDENS DR., SUITE 204  
WELLINGTON FL 33414

TITLE ☒ Change ☐ Addition  
NAME Mead, Sheila  
STREET ADDRESS 12791 W. Forest Hill Blvd Suite #5B  
CITY-ST-ZIP Wellington FL 33414

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/00

Date

601 7938959

Daytime Phone #

CR 2E034 (9/99)