

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **575989**

1. Entity Name

B & G Resorts Management, Inc.

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90404 042 ***158.75

C0055092

DO NOT WRITE IN THIS SPACE

Principal Place of Business
6009 Gulf Drive
Ebb Tide Motel
Panama City Beach, FL
32408

Mailing Address
6009 Gulf Drive
Ebb Tide Motel
Panama City Beach, FL
32408

2. Principal Place of Business
12 Bellevue Drive
Suite, Apt. #, etc.

3. Mailing Address
12 Bellevue Drive
Suite, Apt. #, etc.

City & State
Treasure Island, FL

City & State
Treasure Island, FL

4. FEI Number
593080006

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

6. Name and Address of Current Registered Agent
Christopher C. Sanders
Christopher C. Sanders, P.A.
111 Second Avenue N.E., Suite 610
St. Petersburg, FL 33701

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 _____

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, 2001 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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	President/Director	702 Lambton Lane	Naples, FL 33942				
	Vice President/Director	12 Bellevue Drive	Treasure Island, FL 33706				
	Secretary/Director	12 Bellevue Drive	Treasure Island, FL 33706				
	Treasurer/Director	12 Bellevue Drive	Treasure Island, FL 33706				

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:  **4/18/01** **727-360-4918**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)