## 2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

## Jan 22, 2003 8:00 am **Secretary of State** DOCUMENT # **N34110** 01-22-2003 90148 048 \*\*\*\*61.25 BONNET HOUSE, INC. Principal Place of Business Mailing Address 900 N BIRCH RD 900 N BIRCH ROAD FT LAUDERDALE FL 33304-3326 FT LAUDERDALE FL 33304 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES Applied For City & State City & State 4. FEI Number 65-0161955 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent PARKER, SUSAN Street Address (P.O. Box Number is Not Acceptable) 900 N BIRCH RD FT LAUDERDALE FL 33304 City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. President TITLE ☐ Defete TITLE Change Addition Gare Butler NAME TAPP, THOMAS NAME STREET ADDRESS 2912 PORT ROYALE LANE STREET ADDRESS 10 SEL ST Abril Conderdal A 33301 CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL 33308 Delete & Secretary Addition TITLE TITI F Change Christine Vates WARD, LAURA NAME NAME 110 SELS STREET ADDRESS 18 CASTLE HARBOR ISLE STREET ADDRESS Fort Lundy and Ft 33301 CITY-ST-ZIP CITY-ST-ZIP\_\_ FORT LAUDERDALE FL 33308 Addition TIT! F TITLE Change Bill Marks CASTEEL, SANDY NAME NAME 1100 E Lar Glan Blud STREET ADDRESS STREET ADDRESS 1135 N RIO VISTA BLVD. CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL 33301 Fort Consended Fi **VP** TITLE Delete TITLE Change Addition NAME FOLZ, CONNIE NAME 1512 E. Brown Blid STREET ADDRESS 936 INTRACOARTA DRIVE #LF STREET ADDRESS Fort Landersee Fi 33301 CITY-ST-ZIP FORT LAUDERDALE FL 33304 CITY-ST-ZIP Delete TITLE TITLE Change ☐ Addition LALLI, JOE STREET ADDRESS 1512 E. BROWN BLVD. #110 STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP FT LAUDERDALE FL 33301 Delete TITLE TITLE Change ☐ Addition NAME LAUARIE JR. ROBERT NAME STREET ADDRESS

**FILED** 

12. Thereby 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 of trustee empowered to execute this yeport as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if with all other like empor changed, or or an attachment with an address

CITY-ST-ZIP

STREET ADDRESS

SIGNATURE

CITY-ST-ZIP

1701 BRIWARD DRIVE

FORT LAUDERDALE FL 33301