

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000095292

1. Entity Name
LA CASA BONITA, INC.

FILED
May 01, 2001 8:00 am
Secretary of State

05-01-2001 90075 019 ***150.00

Principal Place of Business
1393 MEADOW PARK LANE #2
FT. MYERS FL 33901

Mailing Address
1393 MEADOW PARK LANE #2
FT. MYERS FL 33901



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1350 Hopedale Drive
Suite, Apt. #, etc.

3. Mailing Address
1350 Hopedale Drive
Suite, Apt. #, etc.

City & State
Ft. Myers, FL ~~33901~~
Zip
33919
Country

City & State
Ft. Myers, FL ~~33901~~
Zip
33919
Country

4. FEI Number 65-1051048
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

DEATON, JAMES L
1393 MEADOW PARK LANE #2
FT. MYERS FL 33901

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
1350 Hopedale Drive
City Ft. Myers FL Zip Code 33919

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

(NOTE: Registered Agent signature required when reinstating)

DATE 4/24/01

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

TITLE PV
NAME DEATON, JAMES L
STREET ADDRESS 1393 MEADOW PARK LANE #2
CITY-ST-ZIP FT. MYERS FL 33901 ☐ Delete

TITLE ST
NAME DEATON, SHARON M
STREET ADDRESS 1393 MEADOW PARK LANE #2
CITY-ST-ZIP FT. MYERS FL 33901 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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

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: James L. Deaton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE 4/24/01

Daytime Phone #

CR2E034 (10/00)