

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90126 020 ***150.00

DOCUMENT # P96000014597

1. Entity Name

BONITA HOLIDAYS SOUTH WEST FLORIDA WABA GROUP, I

Principal Place of Business

26450 SUNDERLAND DR., #202
 BONITA SPRINGS FL 33923

Mailing Address

% EURO-AMERICAN
 5117 CASTELLO DRIVE, #1
 NAPLES FL 34103-1902

00040581



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

26450 SUNDERLAND DR.

3. Mailing Address

P.O. Box 279

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BONITA SPRINGS, FL

City & State

Bonita Springs, FL

4. FEI Number

65-0668079

Applied For

Not Applicable

Zip

34135

Country

Zip

34133

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

AMBURN, JAMES
 EURO-AMERICAN FINANCIAL
 5117 CASTELLO, #1
 NAPLES FL 34103

7. Name and Address of New Registered Agent

Name

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

28000 Spanish Wells Blvd

City Bonita Springs

FL

Zip Code 34135

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.

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	WAMBERSKI, RUDI	26450 SUNDERLAND DR., #202	BONITA SPRINGS FL 33923	<input type="checkbox"/>
D	WAMBERSKI, OLIVER	26450 SUNDERLAND DR., #202	BONITA SPRINGS FL 33923	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
DPT	WAMBERSKI, RUDI	26450 SUNDERLAND DR. # 2022	BONITA SPRINGS, FL 34135	<input checked="" type="checkbox"/>	<input type="checkbox"/>
DVS	WAMBERSKI, OLIVER	26450 SUNDERLAND DR. # 2022	BONITA SPRINGS, FL 34135	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 another like empowered.

SIGNATURE:

Rudi Wamberski
 WAMBERSKI

Date

1-31-2000 841-992-3355

Daytime Phone #

CR2E034 19/99