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200	UNIFORM BUS	INESS REPOI	RT (UBI	R)				0074548
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1. Entity Nam BONNET	TE SHOOTING PRESERVE	INC			FIL OLUMETARY OF VISION OF C	OF STATE ORPORATIO	)#4%	₹
Principal Place	ncipal Place of Business Mailing Address  19 HOOD ROAD \$309 HOOD ROAD		Ì	01 SEP 25 AM 10: 12				
LAKE PARK F		LAKE PARK FL 33418					Š.	
						IBI BIBIL 5319 BISIL F		
2. Principal F	pal Place of Business 3. Mailing Address			1	<u> </u>		İ	
Suite, Apt. #, etc. Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE						
City & Stat	te	City & State		4.	FEI Number <b>59-0965706</b>		Applied For	<b>コ</b> .
Zip	Country	Zip	Country	-		□ \$8.75	Not Applicate Additional	ole
	6. Name and Address of Current	Registered Agent	1		Certificate of Status Desired  Name and Address of New Reg	Fee Re		_
	or Hame and Address of Carrette	riogisterou Agent	Name		Table and Address of New Heg	istered Agent	~	
BONNETTE JR,W A 5309 HOOD RD		Street A	Address (P.O. E	Box Number is Not Acceptable)				
LAKE PAR								
			City		***	FL Zip	Code	
8. The above	named entity submits this statement for	r the purpose of changing its re	egistered office o	r registered ag	ent, or both, in the State of Florid	ta.		一.
SIGNATURE .								
	Signature, typed or printed name of registered agent	- r	Registered Agent signat		einstating)	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 \$550.00  After September 12, 2001 Fee will be \$7  Make Check Payable to Department of the september 12 is a september 12.		e \$750.00	10. Election Campaign Finan Trust Fund Contribution.	· - •	55.00 May Be added to Fees	,		
11.	OFFICERS AND	DIRECTORS	12.	AC	L DITIONS/CHANGES TO OFFICE	ERS AND DIREC	TORS IN 11	コ、
TITLE NAME	PTD   Bonnette, Jane B	☐ Delete	TITLE NAME			☐ Cha	ınge 🗌 Additi	□ (5/01
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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