

## 2000 UNIFORM BUSINESS RE

FILED  
Feb 16, 2000 8:00 am  
Secretary of State

02-16-2000 90001 013 \*\*\*150.00

DOCUMENT # 587413

1. Entity Name

M.L.S. OF BONITA SPRINGS, INC.

Principal Place of Business

27313 OLD 41 ROAD SE  
BONITA SPRINGS FL 33923  
US

Mailing Address

27313 OLD 41 ROAD SE  
BONITA SPRINGS FL 34135-5410  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

59-1874712

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

SPEAR, JOHN D  
SUNSHINE PROFESSIONAL PLAZA  
9200 BONITA BEACH, ROAD  
BONITA SPRINGS FL 34135

## 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, 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 D ☒ Delete  
NAME HOPMANN, BILL  
STREET ADDRESS 27313 OLD 41 RD SE  
CITY-ST-ZIP BONITA SPRINGS FL 34135

TITLE PD ☒ Delete  
NAME MITCHELL, JOHN  
STREET ADDRESS 27313 OLD 41 RD. SE  
CITY-ST-ZIP BONITA SPRINGS FL 34135

TITLE T ☐ Delete  
NAME ZANT, EDWARD  
STREET ADDRESS 27313 OLD 41 RD SE  
CITY-ST-ZIP BONITA SPRINGS FL 34135

TITLE SD ☒ Delete  
NAME CARLINE, GAIL  
STREET ADDRESS 27313 OLD 41 RD S.E.  
CITY-ST-ZIP BONITA SPRINGS FL 34135

TITLE EVP ☐ Delete  
NAME HAMILTON, ELAINE  
STREET ADDRESS 27313 OLD 41 RD S.E.  
CITY-ST-ZIP BONITA SPRINGS FL 34135

TITLE TD ☐ Delete  
NAME BEAKER, JIM  
STREET ADDRESS 27313 OLD 41 RD S.E.  
CITY-ST-ZIP BONITA SPRINGS FL 34135

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Change ☒ Addition  
NAME Bruce mazzola  
STREET ADDRESS 27313 Old 41 Rd SE  
CITY-ST-ZIP Bonita Springs FL 34135

TITLE SD ☐ Change ☒ Addition  
NAME Sheila Chapa  
STREET ADDRESS 27313 Old 41 Rd SE  
CITY-ST-ZIP Bonita Springs FL 34135

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

TITLE D ☐ Change ☒ Addition  
NAME Cheryl Stancil  
STREET ADDRESS 27313 Old 41 Rd SE  
CITY-ST-ZIP Bonita Springs FL 34135

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

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

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

Date

Daytime Phone #