

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 27, 2001 8:00 am**  
**Secretary of State**

01-27-2001 90087 022 \*\*\*150.00

**DOCUMENT # 587413**

1. Entity Name  
**M.L.S. OF BONITA SPRINGS, INC.**

Principal Place of Business <b>27313 OLD 41 ROAD SE          BONITA SPRINGS FL 33923          US</b>	Mailing Address <b>27313 OLD 41 ROAD SE          BONITA SPRINGS FL 33923          US</b>
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UUUU0370



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & 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

7. Name and Address of New Registered Agent

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

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>MAZZOLA, BRUCE</b> <b>27313 OLD 41 RD SE</b> <b>BONITA SPRINGS FL 34135</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>David Morton</b> <b>27313 Old 41 Rd S.E.</b> <b>Bonita Springs, FL 34135</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>CHAPA, SHEILA</b> <b>27313 OLD 41 RD. SE</b> <b>BONITA SPRINGS FL 34135</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>Betty Jean Christensen</b> <b>27313 old 41 Rd S.E.</b> <b>Bonita Springs, FL 34135</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>ZANT, EDWARD</b> <b>27313 OLD 41 RD SE</b> <b>BONITA SPRINGS FL 34135</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Marilyn Plath</b> <b>27313 old 41 Rd SE</b> <b>Bonita Springs, FL 34135</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>STANCIL, CHERYL</b> <b>27313 OLD 41 RD S.E.</b> <b>BONITA SPRINGS FL 34135</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>EVP</b> <b>HAMILTON, ELAINE</b> <b>27313 OLD 41 RD S.E.</b> <b>BONITA SPRINGS FL 34135</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>BEAKER, JIM</b> <b>27313 OLD 41 RD S.E.</b> <b>BONITA SPRINGS FL 34135</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: E. Hamilton Elaine Hamilton, Exec. Vice Pres.      Date: 1/19/01      Daytime Phone #: 941/992-6771

CR2E034 (10/00)