

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 727585

1. Entity Name

BONITA SPRINGS BOARD OF REALTORS, INC.

FILED
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90130 005 ****61.25

Principal Place of Business

Mailing Address

27313 OLD 41 ROAD SE
BONITA SPRINGS FL 33923
US

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1708371

Applied For

Not Applicable

Zip

Country

Zip

Country

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 #204
BONITA SPRINGS FL 33923

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HOPMANN, BILL	
STREET ADDRESS	27313 OLD 41 RD SE	
CITY-ST-ZIP	BONITA SPRINGS FL 34135	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	MITCHELL, JOHN	
STREET ADDRESS	27313 OLD 41 RD SE	
CITY-ST-ZIP	BONITA SPRINGS FL 34135	
TITLE	PD	<input type="checkbox"/> Delete
NAME	ZANT, EDWARD	
STREET ADDRESS	9040 BONITA BCH RD	
CITY-ST-ZIP	BONITA SPRINGS FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	STANCIL, CHERYL	
STREET ADDRESS	27313 OLD 41 RD SE	
CITY-ST-ZIP	BONITA SPRINGS FL 34135	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HAMILTON, ELAINE	
STREET ADDRESS	27313 OLD 41 RD SE	
CITY-ST-ZIP	BONITA SPGS FL 34135	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BECKER, JIM	
STREET ADDRESS	27313 OLD 41 RD SE	
CITY-ST-ZIP	BONITA SPRGS FL 34135	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bruce Mazzola	
STREET ADDRESS	27313 Old 41 Rd SE	
CITY-ST-ZIP	Bonita Springs FL 34135	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sheila Chapa	
STREET ADDRESS	27313 Old 41 Rd SE	
CITY-ST-ZIP	Bonita Springs FL 34135	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Elaine Hamilton REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/00 941/992-6771

Date

Daytime Phone #