

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 29, 2001 8:00 am**  
**Secretary of State**

0073374

**DOCUMENT # 727585**

1. Entity Name

**BONITA SPRINGS BOARD OF REALTORS, INC.**

01-29-2001 90085 008 \*\*\*\*61.25

Principal Place of Business

27313 OLD 41 ROAD SE  
 BONITA SPRINGS FL 33923  
 US

Mailing Address

27313 SE OLD 41 ROAD  
 BONITA SPRINGS FL 33923  
 US

00000000



DO NOT WRITE IN THIS SPACE

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 **PPD** ☐ Delete  
 NAME **MAZZOLA, BRUCE**  
 STREET ADDRESS **27313 OLD 41 RD SE**  
 CITY-ST-ZIP **BONITA SPRINGS FL 34135**

TITLE **TO** ☐ Change ☒ Addition  
 NAME **David Morton,**  
 STREET ADDRESS **27313 Old 41 Rd. SE**  
 CITY-ST-ZIP **Bonita Springs FL 34135**

TITLE **SD** ☒ Delete  
 NAME **CHAPA, SHEILA**  
 STREET ADDRESS **27313 OLD 41 RD SE**  
 CITY-ST-ZIP **BONITA SPRINGS FL 34135**

TITLE **SO** ☐ Change ☒ Addition  
 NAME **Betty Jean Christensen**  
 STREET ADDRESS **27313 Old 41 Rd. SE**  
 CITY-ST-ZIP **Bonita Springs FL 34135**

TITLE **PD** ☒ Delete  
 NAME **ZANT, EDWARD**  
 STREET ADDRESS **9040 BONITA BCH RD**  
 CITY-ST-ZIP **BONITA SPRINGS FL**

TITLE **O** ☐ Change ☒ Addition  
 NAME **Marilyn Plath**  
 STREET ADDRESS **27313 Old 41 Rd. SE**  
 CITY-ST-ZIP **Bonita Springs FL 34135**

TITLE **D** ☒ Delete  
 NAME **STANCIL, CHERYL**  
 STREET ADDRESS **27313 OLD 41 RD SE**  
 CITY-ST-ZIP **BONITA SPRINGS FL 34135**

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

TITLE **VP** ☐ Delete  
 NAME **HAMILTON, ELAINE**  
 STREET ADDRESS **27313 OLD 41 RD SE**  
 CITY-ST-ZIP **BONITA SPGS FL 34135**

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

TITLE **TD** ☒ Delete  
 NAME **BECKER, JIM**  
 STREET ADDRESS **27313 OLD 41 RD SE**  
 CITY-ST-ZIP **BONITA SPRGS FL 34135**

TITLE ☐ Change ☐ 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

**1-19-01 941/992-6771**

Date Daytime Phone #

CR2E037 (10/00)