

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000002652

1. Entity Name
BONNEY, LARAMORE AND HOPKINS INC.

Principal Place of Business

443 22ND PLACE SE
VERO BEACH FL 32962

Mailing Address

443 22ND PLACE SE
VERO BEACH FL 32962-8308

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 **43-1000041**

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

LARAMORE, CHARLES R
443 22ND PLACE SE
VERO BEACH FL 32962

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CDP	<input type="checkbox"/> Delete
NAME	LARAMORE, CHARLES R	
STREET ADDRESS	443 22ND PLACE SE	
CITY-ST-ZIP	VERO BEACH FL 32962	
TITLE	DST	<input type="checkbox"/> Delete
NAME	LARAMORE, FRANCES E	
STREET ADDRESS	443 22ND PLACE SE	
CITY-ST-ZIP	VERO BEACH FL 32962	
TITLE	DV	<input type="checkbox"/> Delete
NAME	LARAMORE, PAMELA M	
STREET ADDRESS	65 MURFIELD SPRINGS COURT	
CITY-ST-ZIP	ST CHARLES MO 63304	
TITLE	V	<input type="checkbox"/> Delete
NAME	ALLEN, SUSAN	
STREET ADDRESS	1126 32ND AVE. S.W.	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	LARAMORE, MARK	
STREET ADDRESS	1075 SW 24TH PLACE	
CITY-ST-ZIP	VERO BEACH FL	
TITLE		<input type="checkbox"/> Delete
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		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Frances E. Laramore* **Frances E. Laramore** *1/10/00* *561-563-0744*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



DO NOT WRITE IN THIS SPACE

FILED
Feb 20, 2000 8:00 am
Secretary of State

02-20-2000 90026 012 ***150.00

CR2E034 (9/99)