

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H66177

Entity Name

PEACE RIVER WARRIORS, INC.

FILED
Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90061 001 ***150.00

Principal Place of Business

1515 LANCO ST.
PORT CHARLOTTE FL 33952

Mailing Address

1515 LANCO ST.
PORT CHARLOTTE FL 33952

807850



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 59-2635269

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

JAMES, BONELLO
3812 BERMUDA CT
PUNTA GORDA FL 33950

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 *James Bonello TUA*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/23/01

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒

FILE NOW!!! FEES \$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

TITLE	VD	<input type="checkbox"/> Delete
NAME	BENOCK, GERALD	
STREET ADDRESS	2187 PETERBOROUGH RD.	
CITY-ST-ZIP	PORT CHARLOTTE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	ANDRAE, NANCY	
STREET ADDRESS	3819 SAN LORENZO DR	
CITY-ST-ZIP	PUNTA GORDA FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	FERO, TOM	
STREET ADDRESS	3394 DECK STREET	
CITY-ST-ZIP	PORT CHARLOTTE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BONELLO, JAMES	
STREET ADDRESS	3872 BERMUDA CT	
CITY-ST-ZIP	PUNTA GORDA FL 33950	
TITLE	D	<input type="checkbox"/> Delete
NAME	FOLIART, GEORGE M	
STREET ADDRESS	14552 MAJESTIC EAGLE CT	
CITY-ST-ZIP	FT MYERS FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	TAMBASCO, ERNIE	
STREET ADDRESS	118 HIBISCUS DR.	
CITY-ST-ZIP	PUNTA GORDA FL 33950	

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		
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/23/01 941-575-009

CR2E034 (10/00)