

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K81917

1. Entity Name

BONTA FARMS, INC.

FILED
Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90027 050 ***150.00

Principal Place of Business

Mailing Address

% DONALD L ARNOLD
1361 AIRPORT ROAD NORTH
NAPLES FL 33942

% DONALD L ARNOLD
1361 AIRPORT ROAD NORTH
NAPLES FL 34104-3315



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1100 Commercial Blvd
Suite, Apt. #, etc.

3. Mailing Address

1100 Commercial Blvd
Suite, Apt. #, etc.

#118

#118

City & State

Naples, FL

City & State

Naples, FL

Zip

Country

34104 USA

Zip

Country

34104 USA

4. FEI Number

65-0219453

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

ARNOLD, DONALD L
1361 AIRPORT ROAD NORTH
NAPLES FL 33942

Name

Donald L. Arnold

Street Address (P.O. Box Number is Not Acceptable)

1100 Commercial Blvd

118

City

Naples

FL

Zip Code
34104

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
NAME
STREET ADDRESS
CITY-ST-ZIP
DPS
ARNOLD, DONALD L.
1361 AIRPORT RD., NORTH
NAPLES FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
1100 Commercial Blvd #118
Naples, FL 34104 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVT
CADENHEAD, ROBERT
1361 AIRPORT RD., NORTH
NAPLES FL ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
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CITY-ST-ZIP
☐ Delete

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

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

4/11/00

Date

941-643-6333

Daytime Phone #

CR2E034 (9/99)