

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000002805

1. Entity Name
BONITA BUSINESS PARK, LLC

Principal Place of Business
3033 RIVIERA DRIVE
STE 202
NAPLES FL 34103

Mailing Address
3033 RIVIERA DRIVE
STE 202
NAPLES FL 34103

APPROVED
AND
FILED

01 JUN -8 PM 2:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

8880 TERRENE CT
Suite, Apt. #, etc.

City & State

BONITA SPRINGS FL

4. FEI Number

31-1702510

Applied For
Not Applicable

Zip

Country

Zip

Country

34135

LEE

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

LYNCH, PAUL R
101 EAST KENNEDY BLVD., STE 2800
TAMPA FL 33602-5151

7. Name and Address of New Registered Agent

Name ROEFZELT ANDREAS OTTO NEIL GREGORY
Street Address (P.O. Box Number is Not Acceptable)
850 PARK SHORE DR.
TRIUMF CENTER Third Floor
City MADISON FL Zip Code 34103

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

C. Neil Gregory, Esquire

6-6-01

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

100004423241--0
-06/15/01--01098--009
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBER BRIET E. SVOBODA 1901 FAIRFAX CIRCLE NAPLES FL 34109	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 606, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date:

Daytime Phone #

CR2E083 (11/00)